DIVISION

OF

ALCOHOL

&

DRUG ABUSE

STARS

USER

MANUAL

6/16/2006

STARS MANUAL TABLE OF CONTENTS

STARS MANUAL TABLE OF CONTENTS

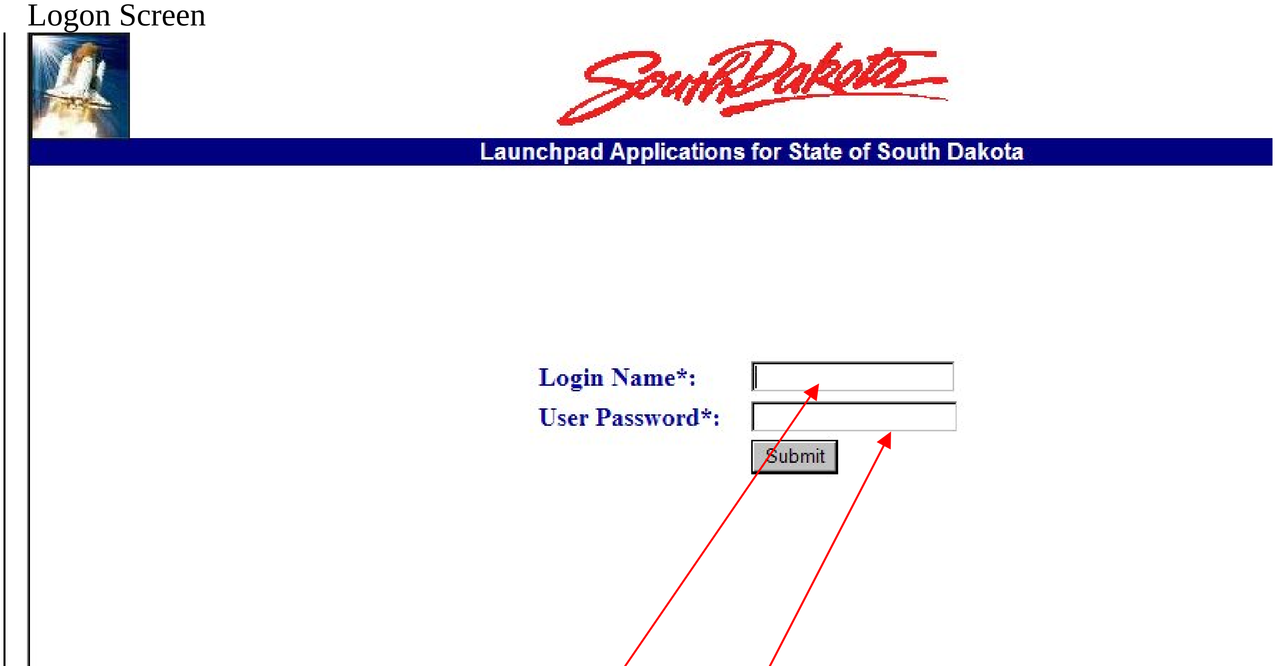
Section K: Supplemental Information (Cont)

SECTION "A"
GETTING STARTED

1. Login Screen
2. Start up page
3. Action tab contents

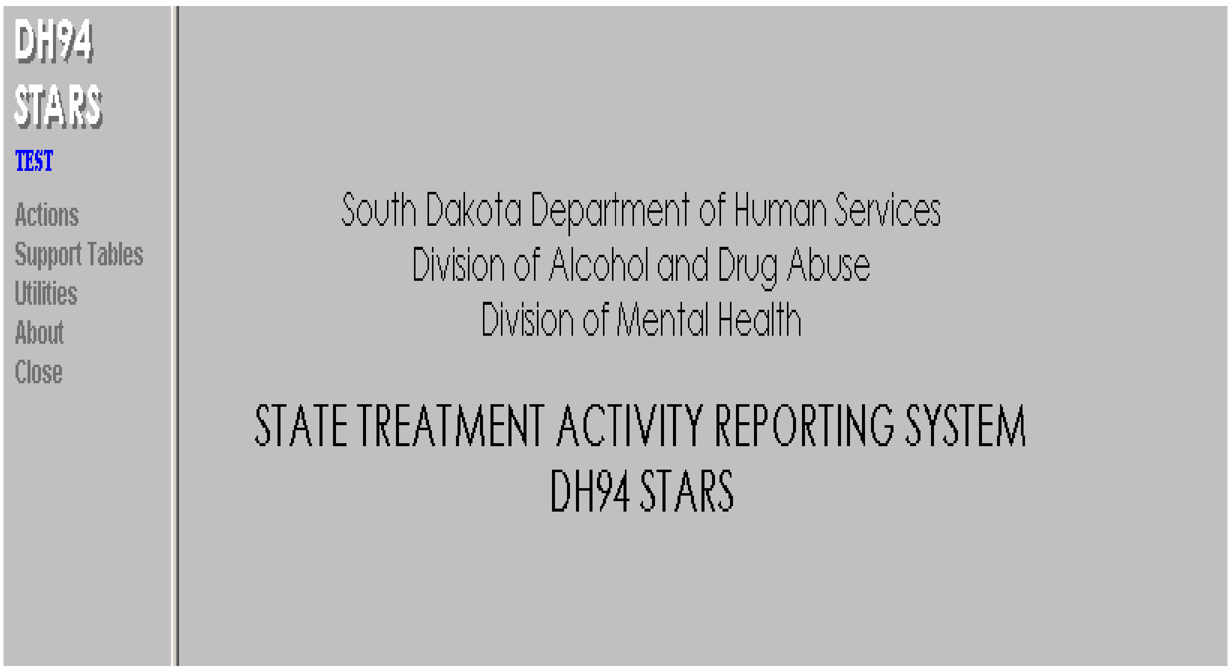
Login Screen

Logon Screen



1. Reach the site through Division Home Page Link: http://www.state.sd.us/dhs/ADA/Index.htm
2 Providers should enter log in <u>name</u> and <u>password</u>
3 Log in name will be provided by the Department of Human Services
4 The password will be chosen by the provider

START UP PAGE



1. Start up page will appear
2. This is the beginning point of accessing all parts of STARS
3. Side menu shows various areas of entry into STARS

ACTIONS

Under Actions, there are several sections to choose from.

1. Client Search tab will enter Client Search Screen
2. MH Waiting List will enter the Waiting List Screen
3. Providers tab will enter the Providers List Screen

**Providers will not be able to add, edit, delete under the "Providers Information" tab—all this information will be entered by State level staff. However, Provider Satellite office information will be entered by the provider.

SECTION "B"
PROVIDER SCREENS

1. Provider List Screen
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4. Provider Satellite Office Information Screen
5. Provider Satellite Capacity Screen
6. Provider Satellite Capacity Detail Information Screen
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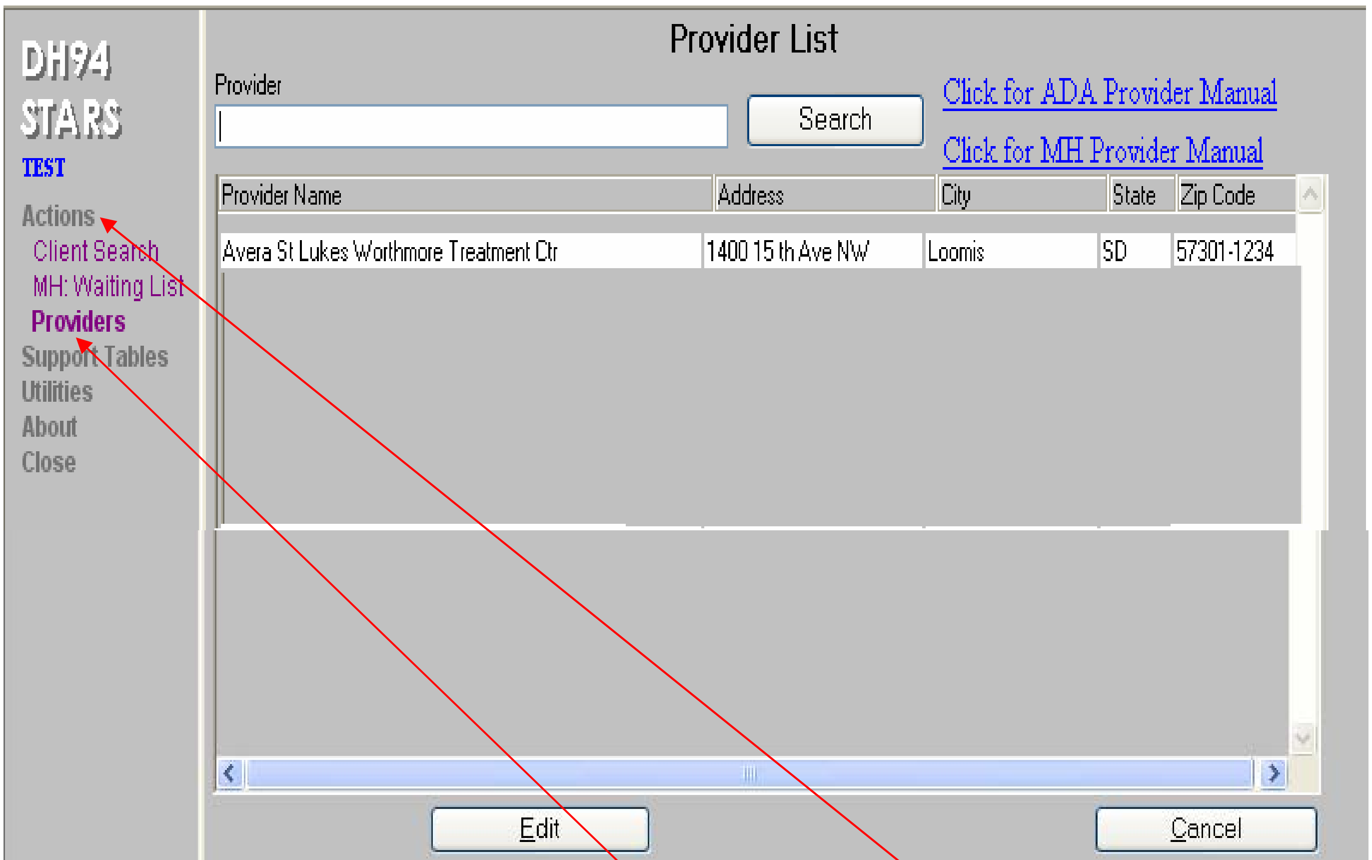
8. Provider Medicaid Number Detail Screen
9. Provider Capacity Information Screen
10. Provider Capacity Information Detail Screen
11. Provider Counselor List Screen
12. Provider Counselor List Detail Screen

Provider List Screen

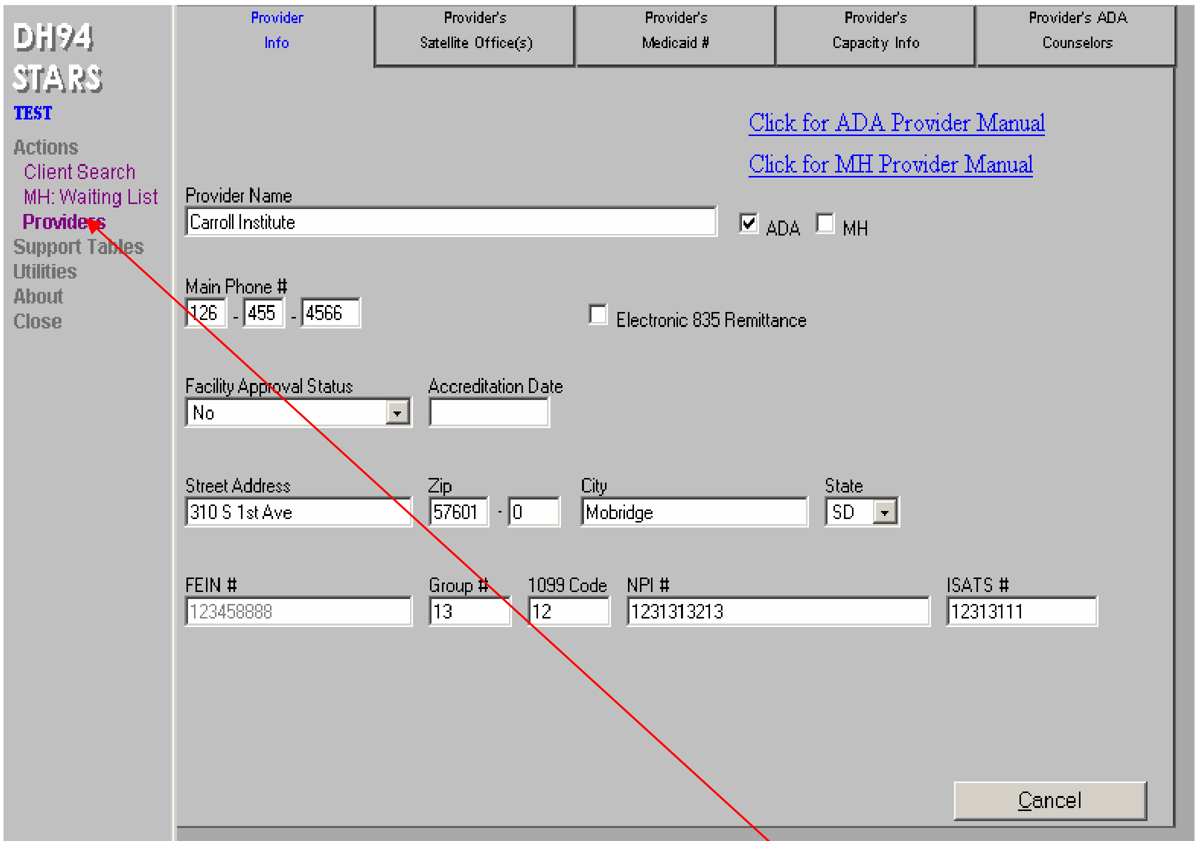


1. Providers menu is accessed by clicking on "Providers" under the "Actions" tab.

2. This section is view only for all Providers. Any changes to be made will require contact with State agency staff for making necessary corrections/changes.

3. Double clicking on the Provider Name will open the "Provider Information Screen".

Provider Information Screen

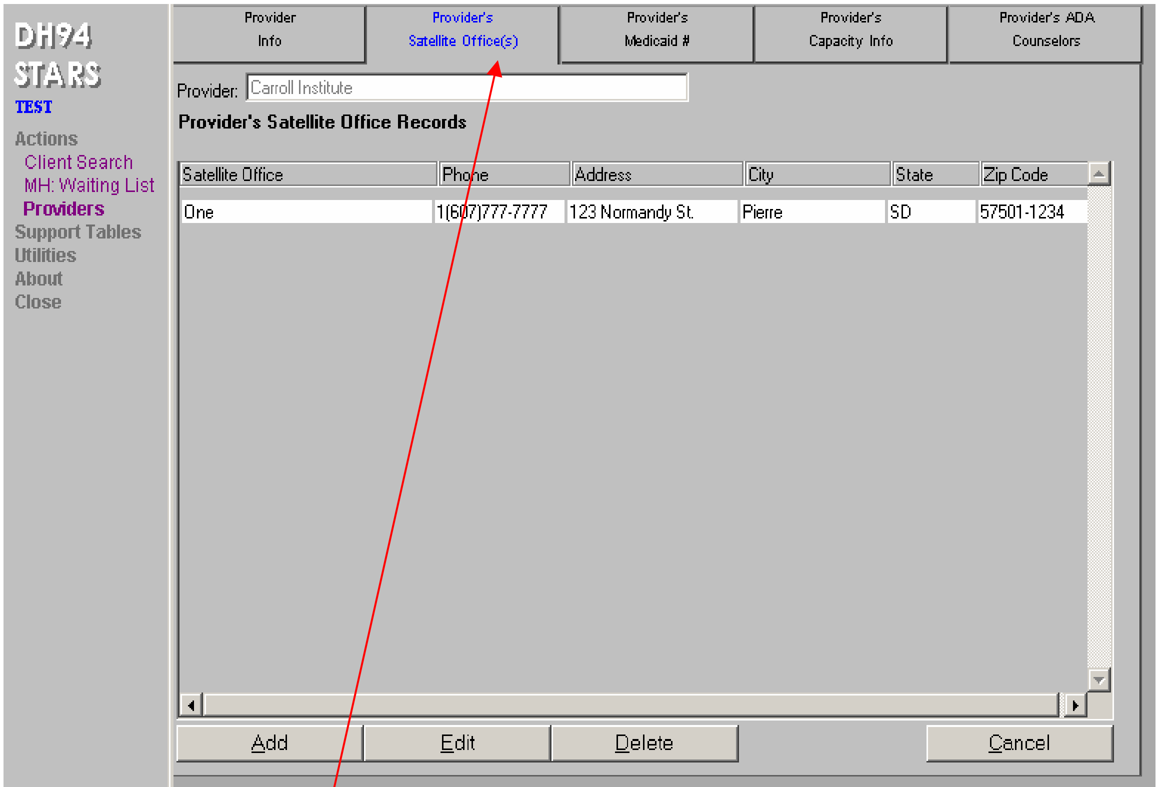


1. "Provider Information Screen" is accessed by clicking on "Providers" under "Actions" on the side menu and double clicking on the Provider's Name listed on the "Provider List Screen".

2. This section is **view only** for all Providers. Any changes to be made will require contact with State agency staff for making necessary corrections/changes.

3. Cancel will return to the "Provider List Screen".

Provider Satellite Office(s) Screen



1. The "Provider Satellite Office (s) Screen" can be accessed through the following Steps: Click on the" Providers" under "Actions" on the side menu and double clicking on the Provider's Name listed on the "Provider List Screen".

2. Click on the "<u>Provider's Satellite Office</u> (s)" tab located on the top menu bar on the" Provider Information Screen" which will open up the above screen

3. Satellite information will be added by the Provider.

4. "Add" tab will open the "A/D Satellite Information Screen"

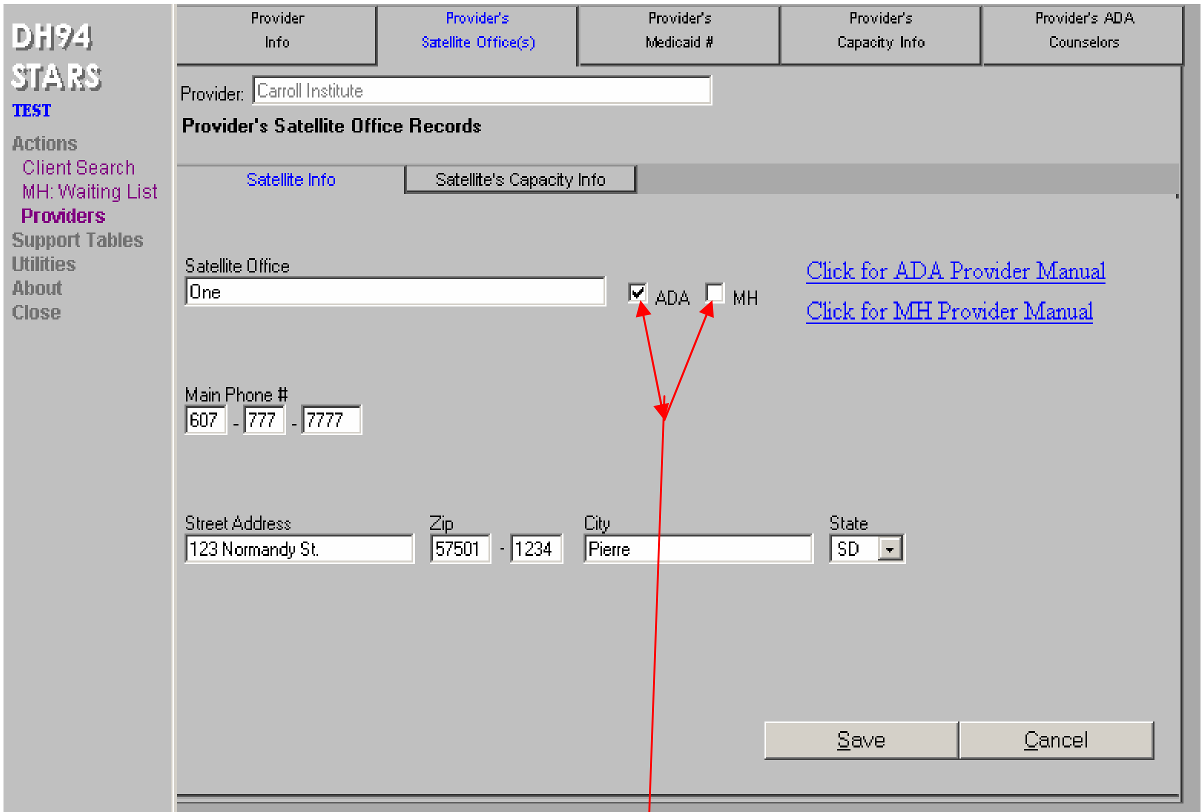
5. To edit a Satellite Office record, click on the record and then the "Edit" tab and the screen will open to the" A/D Satellite Information Screen."

6. To delete a satellite office record, click on the record that is to be deleted and click on "Delete." to remove the satellite office information. **However if there are any connections tied to the satellite office such as any Satellite Capacity Record (s) the deletion will stop.**

7. "Cancel" will return to the" Provider List Screen."

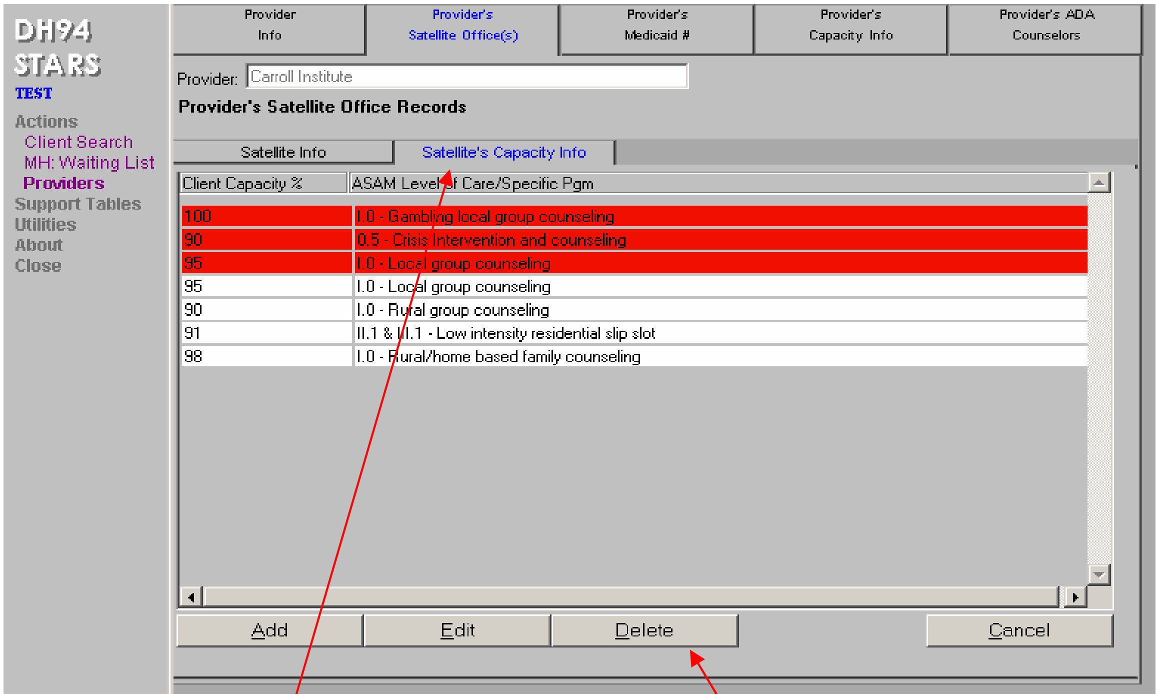
8. The Add, Edit and Delete tabs will be enabled based on assigned user security.

A/D Satellite Information Screen



1. The "A/D Satellite Information Screen" can be accessed by clicking on the "Add" or "Edit" tab located on the bottom of the" Provider Satellite Office (s) Screen."
2. Satellite Information will be entered by the Provider.
3. Satellite Office should be identified as either ADA or MH or both
4. "Save" will save the Provider's Satellite Information.
5. "Cancel" will take you back to the "Provider's Satellite Office (s) Screen".

Satellite Capacity Information Screen



1. To access the above screen from the Actions menu, click on "Providers" on the side menu and then from the Provider List screen, click on the name of the Satellite office.

2. Double click on the name of the Satellite office which will open up the" Provider Information Screen" where the Provider's Satellite Office (s) tab is located on the top menu bar.

3. Next, click on the Provider's Satellite Office(s) tab located on the top menu bar which will open up the" Provider's Satellite Office Record Screen."

4. Double click on the Satellite Office which will open up the "A/D Satellite Information Screen." click on the "<u>Satellite's Capacity Info</u>" tab which will reveal the Satellite's Capacity records on this page if previously entered. Records in **<u>red</u>** indicate capacity at 90% or greater

6. To delete a record on the above screen, click on the desired record and click on the "<u>Delete</u>" button.

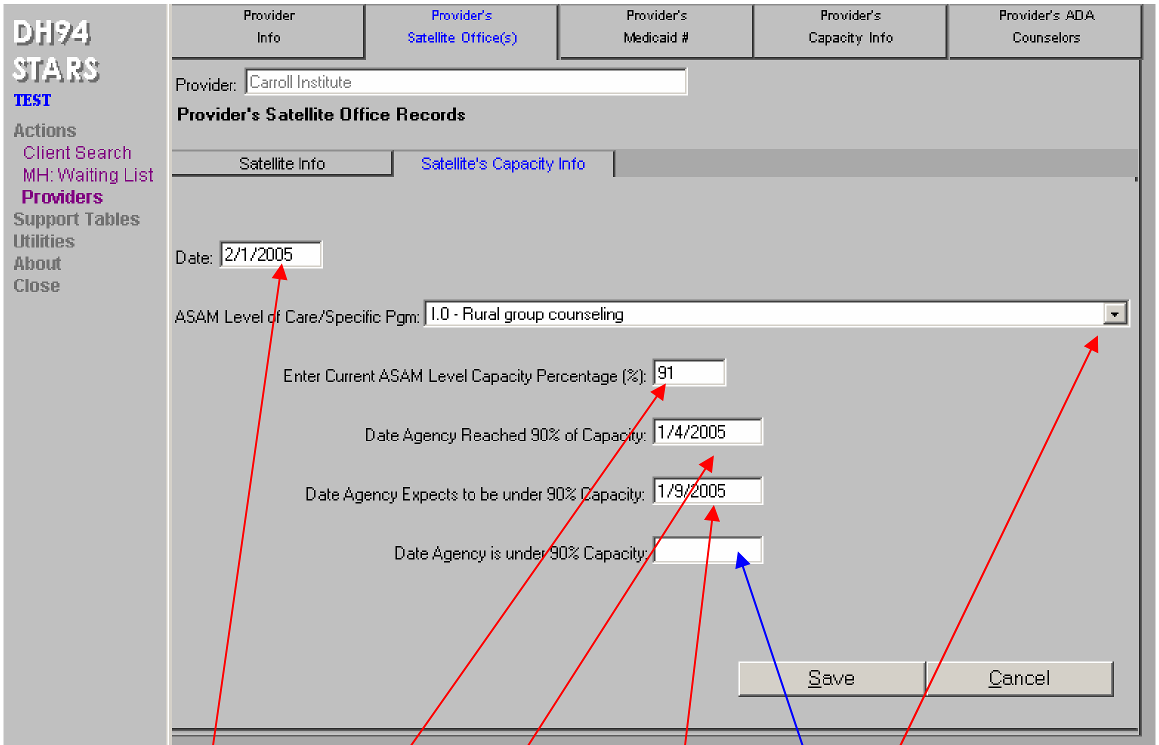
7. To add a record indicating 90% or greater capacity, click on "Add"

8. To enter the date when the agency is no longer at 90% capacity, tab on "Edit" and enter the date on the " Capacity Information Detail Screen." The current date will be the default and can be changed by deleting the date and entering the correct date if different.

9. Cancel will return to the Provider's Satellite's List Screen.

10. The Add, Edit and Delete tabs will be enabled based on assigned user security.

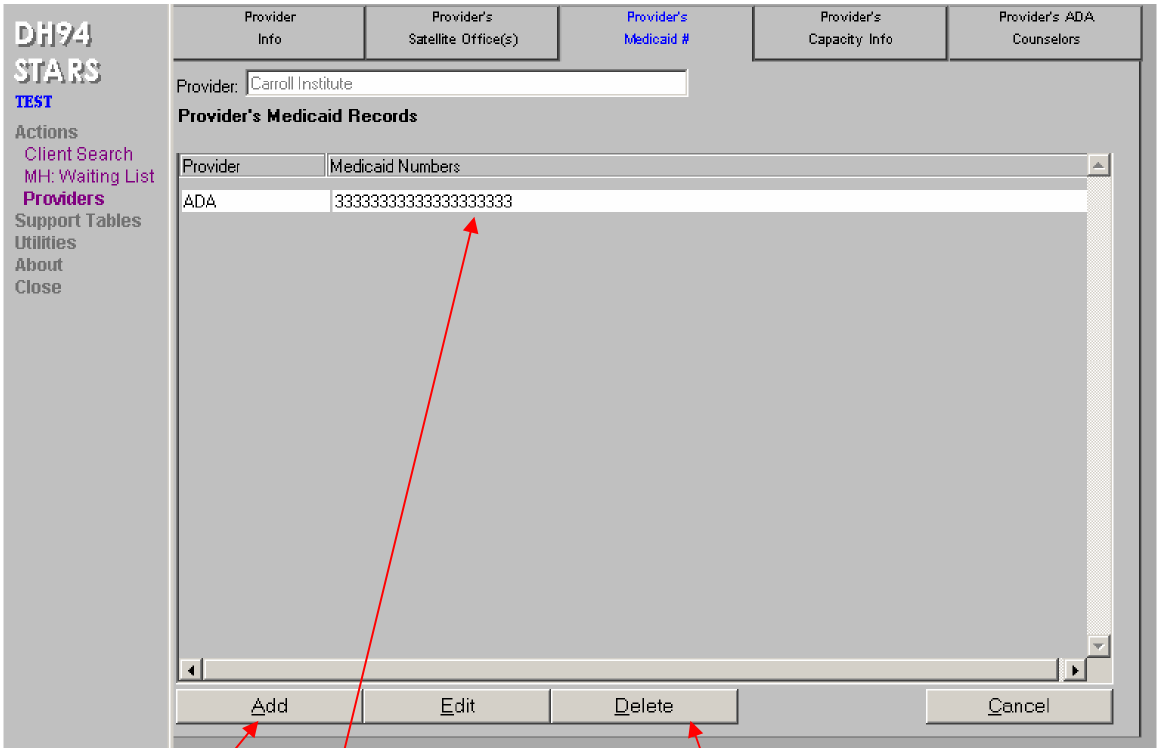
Satellite Capacity Detail Information Screen



1. To add a record on the above screen indicating 90% or greater capacity, click on the "Add" tab on the "Satellite Capacity Information Screen" which opens the above" Satellite Capacity Detail Information Screen."
2. Enter the correct <u>date</u> if different that the default date being listed on the screen.
3. Enter the <u>ASAM level</u> from the dropdown which is at 90% or greater
4. Enter current ASAM level <u>Capacity Percentage</u> i.e., 91
5. Enter the <u>date reached the 90% or greater capacity</u> i.e., mm/dd/yyyy
6. Enter the approximate <u>date when the agency will be below 90% capacity</u>, i.e., mm/dd/yyyyy
7. When the above information is entered and correct, click on "Save" and this will return to the Satellite Capacity Information Screen where the record entered will be highlighted in <u>**Red**</u>.

1. **To enter the date when the agency actually falls below the 90% capacity**, return to the "Satellite Capacity Information Screen" and click on the ASAM level and click on "Edit". This will return to the "Satellite Capacity Detail Information Screen."
2. The only text box enabled that information can be entered is the "<u>Date Agency is under 90% Capacity</u>". Enter the date, i.e., mm/dd/yyyy and click on "Save"
3. The "Save" function will return to the" Satellite Capacity Information Screen" where the record will <u>no longer</u> be highlighted in <u>**Red.**</u>
4. Continue to click on "Cancel" to return to the" Provider List Screen."

Provider Medicaid List Screen



1. "Provider Medicaid List Screen" is accessed by clicking on "Providers" under "Actions" on the side menu and double clicking on the Provider's Name listed on the "Provider Screen."

2. The "Add" tab on the above screen will open the" Provider's Medicaid # Detail Screen" to Add the Provider's Medicaid # Information.

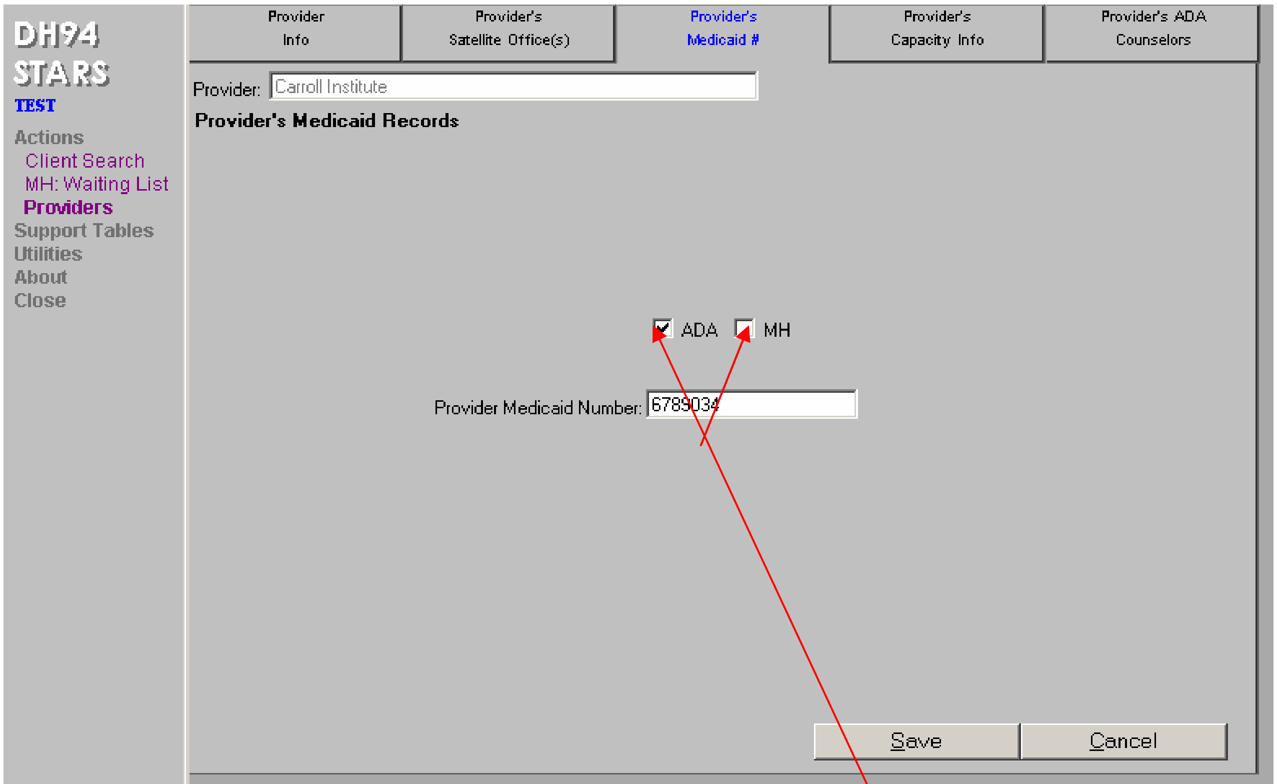
3. The "Edit" tab on the above screen will open up the "Provider's Medicaid # Detail Screen" to Edit the Provider's Medicaid Number Information.

4. To delete a Medicaid record, click on the record and then click on the "Delete" tab on the above screen. Deletion permission will be based on the user security level assigned.

5. **Medicaid Numbers need to be entered into STARS prior to submitting a bill to Medicaid**

6. "Cancel" will return to the Provider List Screen.

Provider Medicaid # Detail Screen



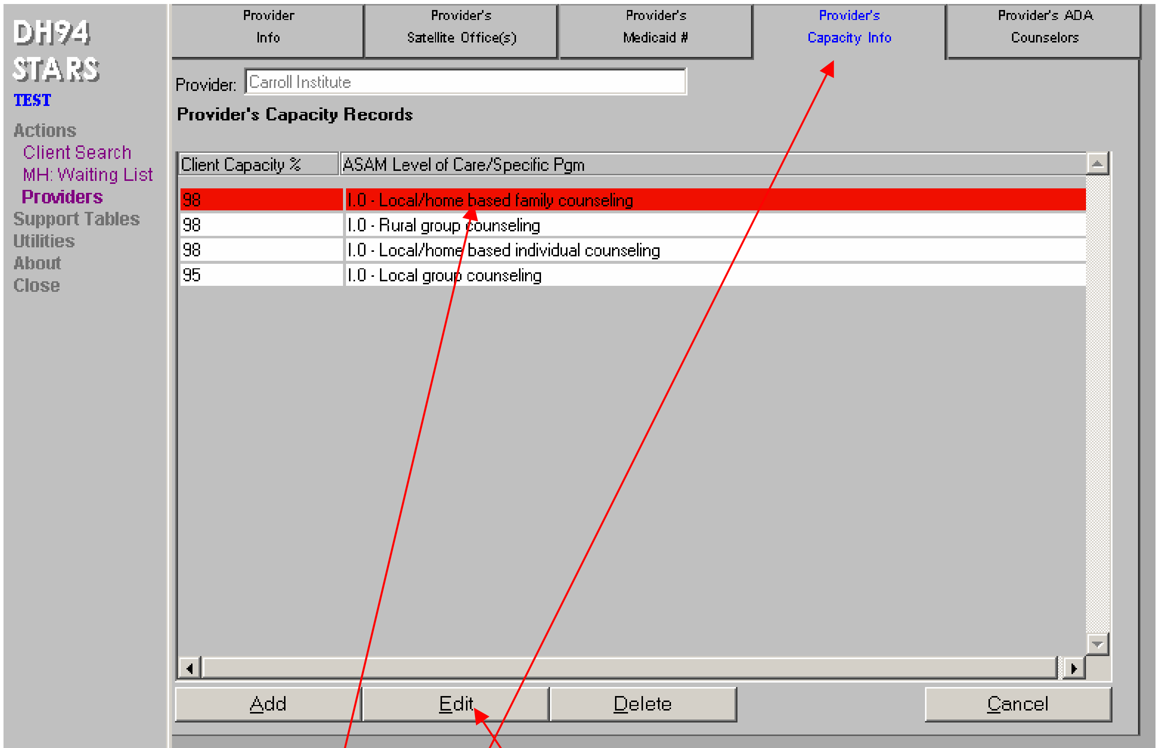
1. To access the "Provider's Medicaid # Detail Screen" click on the "Add" tab on the "Provider's Medicaid Number List Screen."

2. To edit a record, single click on the record on the "Provider's Medicaid # List Screen" and then click on the "Edit" tab which will open up the above screen**. Indicate either ADA or MH check box, they cannot be both.**

3. "Save" will retain the Provider's Medicaid # Information.

4. The "Cancel" tab will return to the Provider's Medicaid # List Screen.

Provider Capacity Information Screen



1. To access this screen from the "Actions" menu, click on" Providers" on the side menu and then from the" Provider List Screen" double click on the name of the Provider/Agency.

2. This will open up the "Provider Information Screen" where the "Provider's Capacity Information" tab is located on the top menu bar.

3. Click on the" Provider's Capacity Information" tab which opens up the" Provider's Capacity Information Screen" above where Provider's capacity records will be shown if previously entered. Records highlighted in **Red** indicate capacity at 90% or greater.

4. To delete a record, click on the desired record and then click on the "Delete" button.

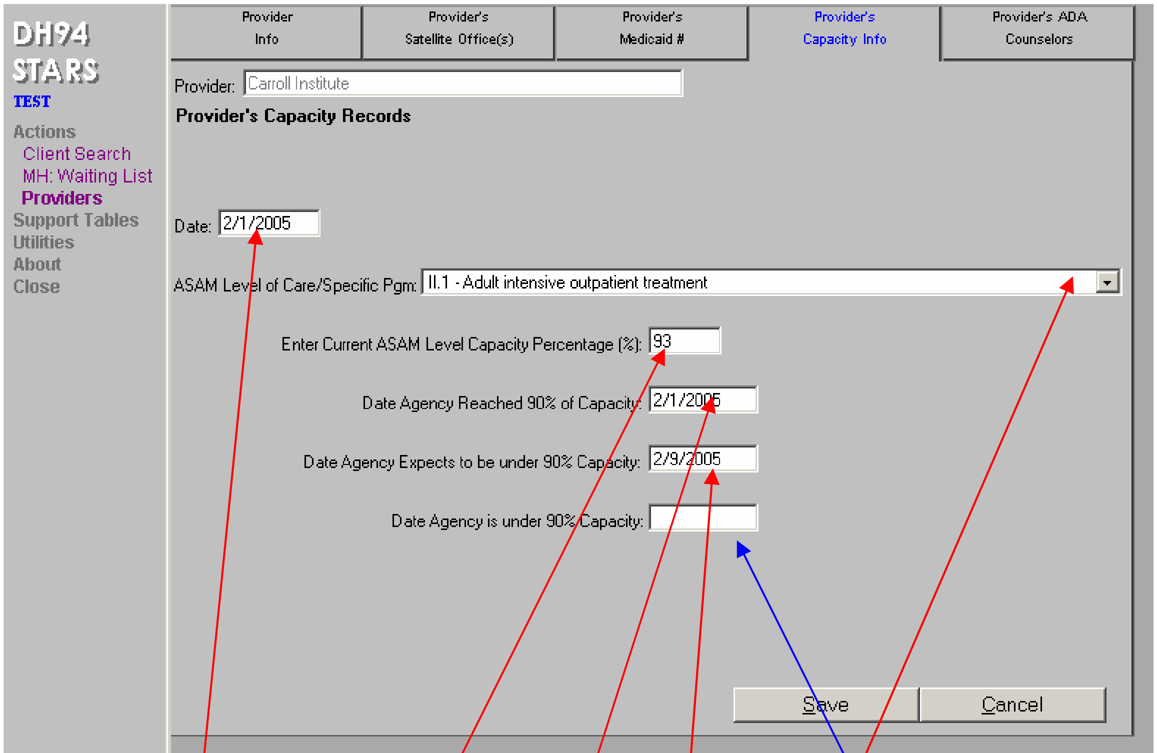
5. To add a record indicating 90% or greater capacity, click on "Add"

6. To enter the date when the agency is no longer at 90% capacity, click on "Edit" and enter the date on the " Capacity Information Detail Screen". The current date will be the default and can be changed by deleting the date and entering a different date if necessary.

7. "Cancel" will return to the "Provider List Screen".

8. The Add, Edit and Delete tabs will be enabled based on assigned user security.

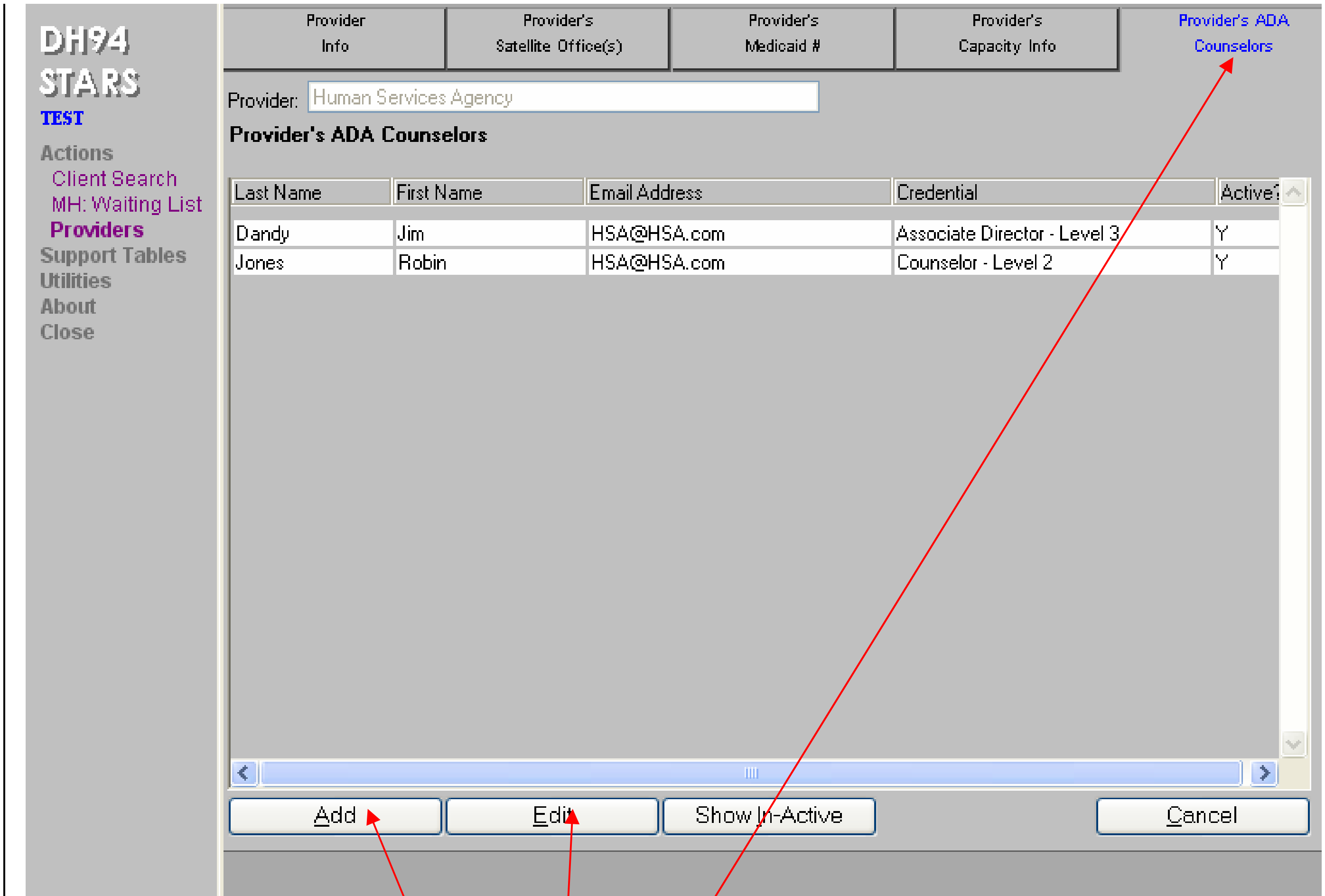
Provider Capacity Detail Information Screen



1. To add a record indicating 90% or greater capacity, click on "Add" tab on the "Provider Capacity Information Screen" which opens up the" Provider Capacity Detail Record Screen".
2. Enter the correct date if different that the default date being listed on the screen.
3. Enter the ASAM level from the dropdown which is at 90% or greater
4. Enter current ASAM level capacity percentage i.e., 93
5. Enter the date reached the 90% or greater capacity i.e., mm/dd/yyyy
6. Enter the approximate date when the agency will be below 90% capacity, i.e., mm/dd/yyyy
7. When the above information is entered and correct click on "Save" and this will return to the "Provider Capacity Information Screen" where the record entered will be highlighted in **Red.**

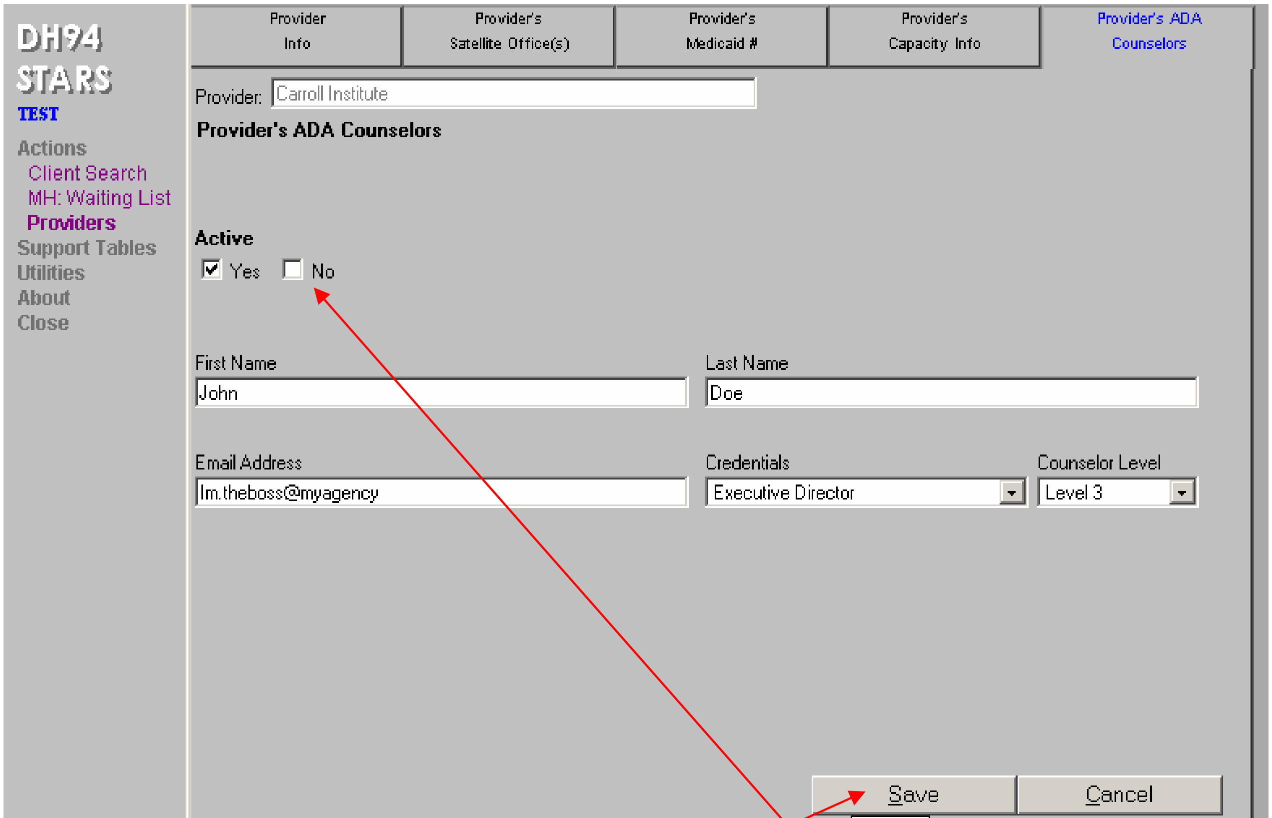
1. **To enter the date at a later time when the agency actually falls below the 90% capacity**, return to the "Provider Capacity Information Screen" and click on the ASAM level record and then click on "Edit."This will return to the "Provider Capacity Detail Information Screen."
2. The **only** text box enabled that information can be entered is the "Date Agency is under 90% Capacity". Enter the date, i.e., mm/dd/yyyy and click on "Save"
3. The "Save" function will return to the "Provider Capacity Information Screen" where the record will no longer be highlighted in **Red.**
4. Continue to click on "Cancel" to return to the Provider List Screen.

Provider's Counselors List Screen



1. To access this screen from the "Actions" menu, click on "Providers" on the side menu and then from the "Provider List Screen" and double click on the name of the Provider/Agency.
2. This will open up the" Provider Information Screen" where the "Provider's ADA Counselors" tab is located on the top menu bar.
3. Click on the Provider's ADA Counselor tab which opens up the "Provider's Counselor List Screen" where Provider's counselors can be listed.
4. To add a counselor record, click on "Add" which opens up the "Provider's Counselor Detail Screen."
5. To edit a counselor record, click on "Edit" which opens up the "Provider's Counselor Detail Screen."
6. To see In-Active Counselors, click on the "Show In-Active" tab and the "Provider' Counselor List Screen" will appear with the counselor (s) name and other information.
7. Cancel will return to the Provider List Screen.
8. **Counselor names need to be entered into this screen before a Treatment Needs Assessment can be completed**.
9. The Add, and Edit tabs will be enabled based on assigned user security.

Provider’s Counselors Detail Screen



1. To add a counselor record, click on the “Add” tab on the bottom of the “ Provider’s Counselor List Screen” which opens up the “Provider’s Counselor Detail Screen.” Complete the information and click on “<u>Save</u>” which will return to the” Provider’s Counselor List Screen.”

2. To edit a counselor record, click on the counselor’s name on the “Provider Counselor List Screen” and then click on the “Edit” tab which opens up the “Provider’s Counselor Detail Screen.” Make the necessary changes and click on “Save” which will return to the “Provider’s Counselor List Screen”.

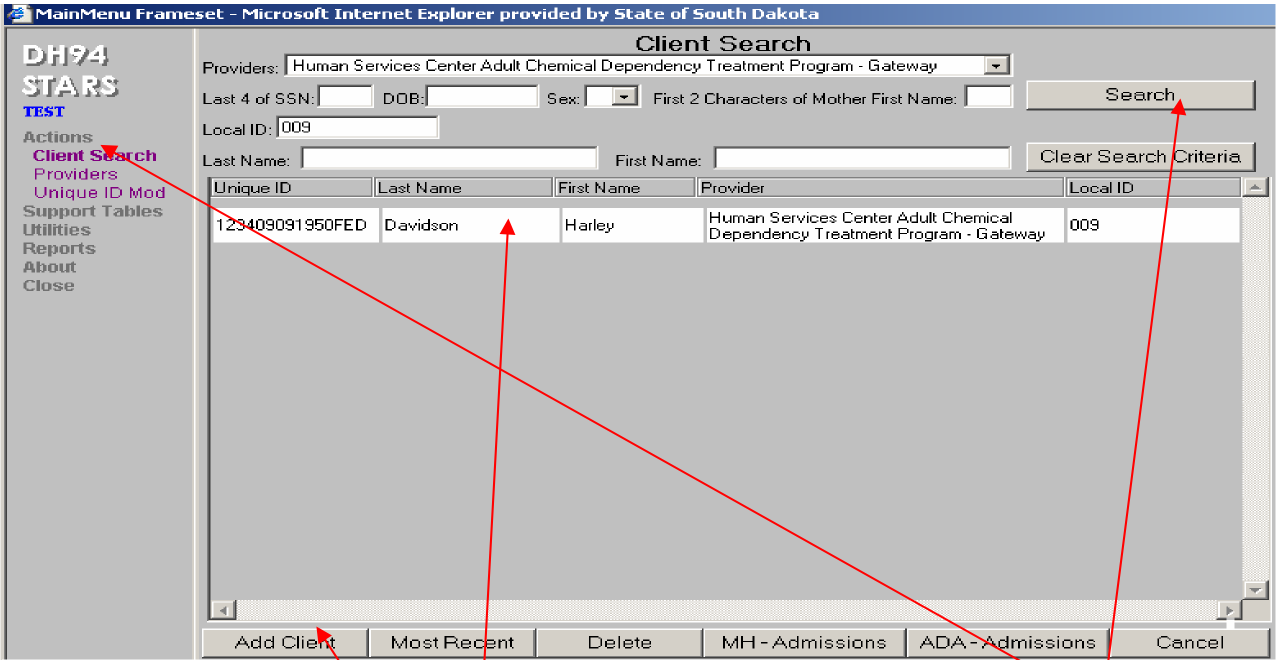
3. **Once a counselor has been entered into the system and saved, you cannot remove this person. If the counselor no longer works for the agency, change the counselor’s “Active” status to “No**”

4. Continue to click on the “Cancel” tab to return to the “Provider List Screen”.

SECTION “C”
CLIENT ADMISSION SCREENS

1. Client Search Screen
2. ADA – Admission/Re-Admission Screen
3. ADA – Admission/Re-Admission Detail Screen
4. Client Information Screen
5. General Tab Information Screen

Client Search Screen



1. To access the "Client Search Screen", begin from the "Actions" menu, click on "<u>Client Search</u>" on the side menu which opens up the "Client Search Screen".
2. The "Client Search" function only pertains to clients previously entered into STARS from within the agency's clients.
3. Providers will only see the Providers assigned to them and to conduct a search **one** of the following client identification criteria must be entered into the fields: **Unique ID** (Last 4 digits of SSN, DOB, Sex and First 2 characters of Mothers First Name) **Local ID** (This sequence can be determined and assigned by the provider/agency) **Name** (Minimum first 3 letters of Last Name, Optional First Name) or enter the **Last name of the client.**
4. After one or more of the above search information fields are entered, click on "<u>Search</u>" and the results will appear on the screen.
5. Once the client is located, <u>single click on the record</u> identified on the "Client Search Screen" and then on the appropriate MH or ADA Admission tab to locate the client from their respective prior admission (s) **If the agency is a single provider, only one of these tabs will appear on the screen.**
6. When clicking on the" ADA Admission" tab, the" ADA Admission/Re-Admission Screen" will open up and list any prior admission (s) for the client
7. To **add** a new client from the above screen, enter the unique ID information and First and Last name of the client as outlined in #3 above and then click on the "<u>Add Client</u>" tab. The "Client Information Screen" will then be opened up to complete. **If for some reason the client does not have a SS# or can't remember this information or the information regarding the mother's name is not available, then the agency will need to follow the listed procedures;**

To assist your agency in those instances where the correct information cannot be obtained, the Division of Alcohol & Drug Abuse has developed a "work-around" program to assign the last four digits of the social security number field and/or mother's first two initials. This program will be maintained by the Division, with access only by Division staff. Even though with the implementation of the work around program, this is only to be used as a last resort when the unique ID information cannot be found. <u>**Every opportunity should be researched and explored prior to contacting the Division for the assigned last four digits of the social security number field or mother's first two initials.**</u>

The process for receiving an assigned work-around is as follows:

1) Staff of each provider should make every reasonable effort to obtain the last four digits of the social security number or the first two initials of the mother's first name for an individual prior to contacting the Division of Alcohol & Drug Abuse.

2) If the last four digits of the social security number or the first two initials of the mother's first name cannot be obtained, please contact Barbara Shoup Anderson with the Division for a work around assignment.

3) A form will be sent to the provider requesting information to develop the work-around. The information requested will include: first name, last name, date of birth, gender, last four digits of the social security number (if known), and mother's first two initials (if known).

4) The form also includes spaces for documenting your efforts to obtain the last four digits of the social security number or mother's initials. Invalid reasons will not be accepted so it is pertinent your justification is well documented. Once this form is completed it can either be emailed or mailed to Barbara Shoup Anderson for filing.

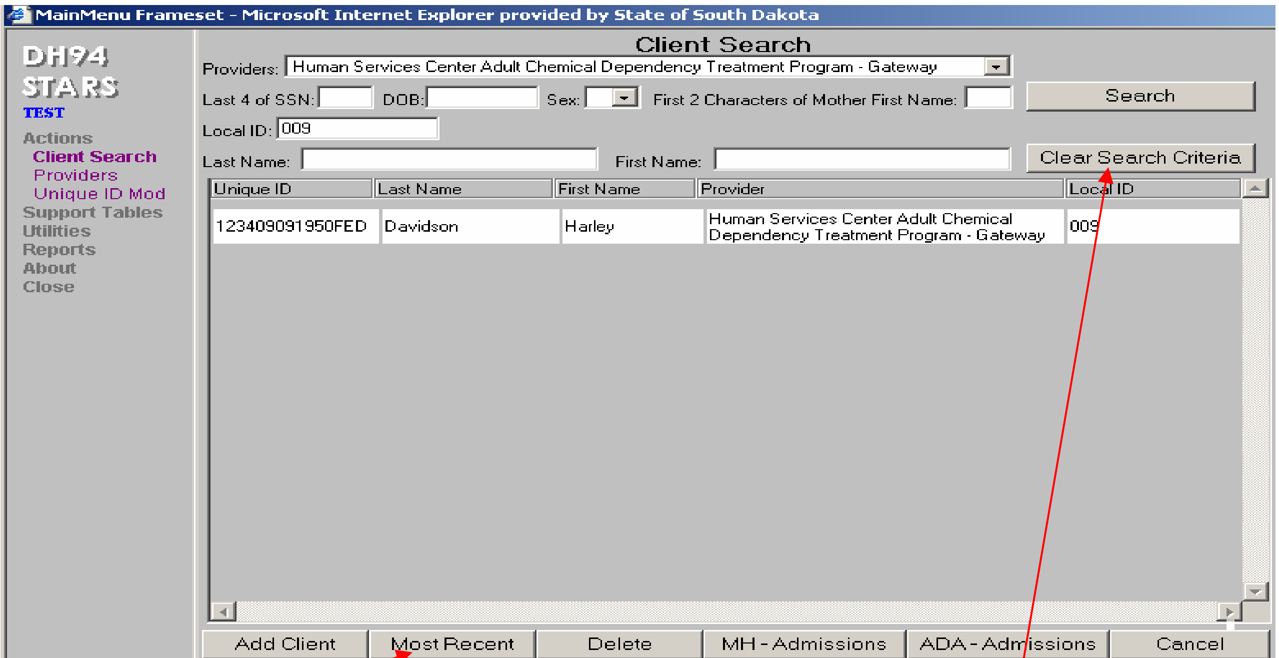
5) Along with the form, a release of information for individuals that are self-pay/private pay will be provided. Please ensure that the individuals read and sign the release prior to contacting the Division for assignment of the work-around. <u>In those instances where a self-pay/private pay client is no longer available to sign the release to disclose the requested information, then submit the form without the client's name but include all other client non-identifiable information available. You will be required to document the attempts you made to obtain the release on the work-around form, to validate this request. Once again, we feel situations like this should be very rare.</u>

6) The Division of Alcohol & Drug will then assign the unique ID for the requested client to use when entering the client into STARS and forward this information back to your agency.

ATTENTION

When adding a new client, STARS will not accept 0001 or 9999 for the last four digits of the SS# or XX for the Mother's first two initials. Since there is a chance someone's Social Security Number could end in 0001, the agency will need to contact the Division to have this Unique ID entered into STARS. Once the Division enters the person the provider then can maintain the client's record.

Client Search Screen



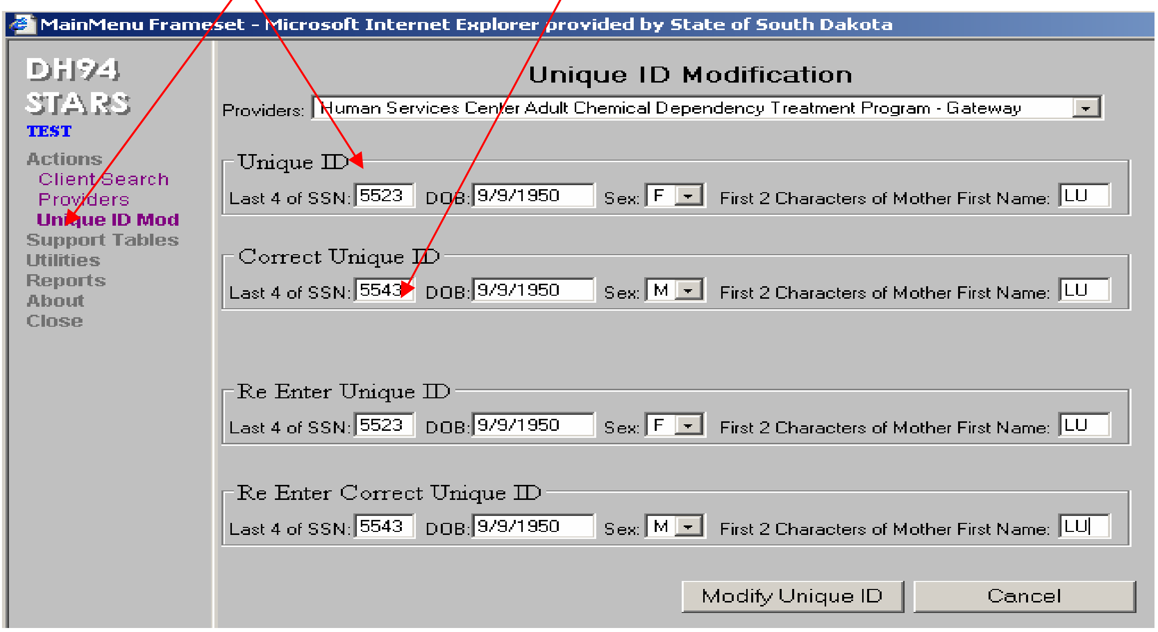
8. To see the most recent Client Information on a client, click on the client record and then on the "**Most Recent**" tab which opens up the "Client Information Screen" to view this data."
9. The "Cancel" tab on the "Client Search Screen" will return to the "STARS Start Up Page"
10. To clear the information on the Client Search Fields, click on the "Clear Search Criteria"
11. The Add Client, Delete and MH-Admission tabs will be enabled based on assigned user security.

Procedures To Change An Incorrect Client Unique Identification Number

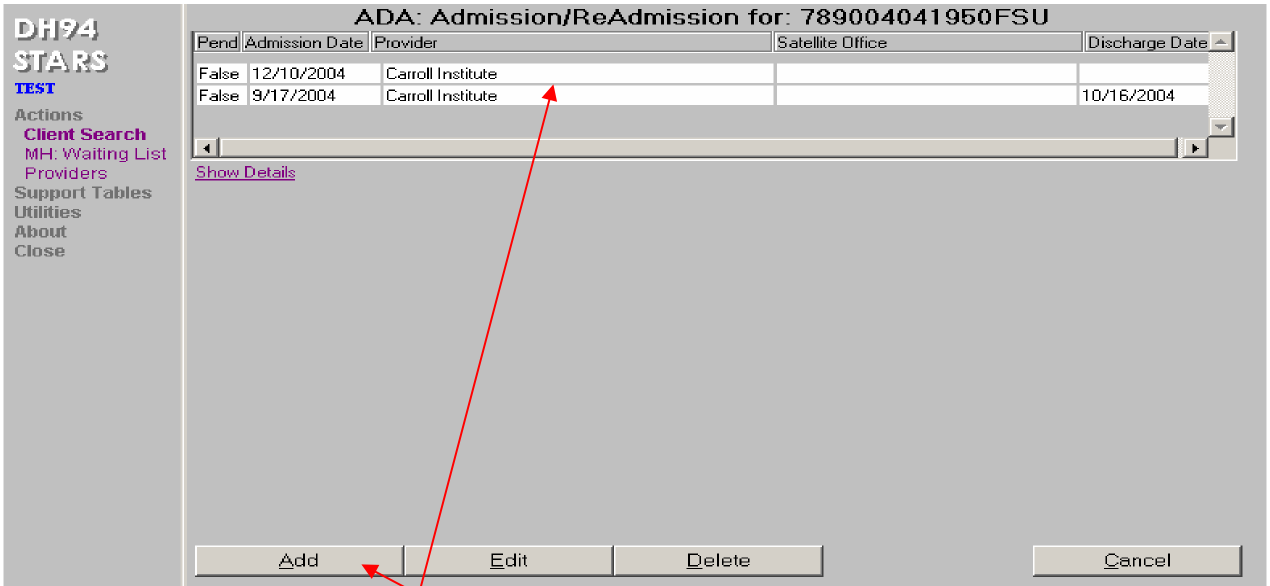
1. Under the Actions menu, click on the "Unique ID Mod" and the below screen will open up. To change the incorrect ID enter the ID on the first line and then enter the correct ID on the second line titled "Correct Unique ID"

2. Complete the same process in the lower section of the screen to verify correctness and then click on the "Modify Unique ID" This will change the ID as listed unless there is an edit check listing the reason the change cannot be made.

3. Click on Cancel to return to the Client Search Screen.



ADA – Admission/Re-Admission



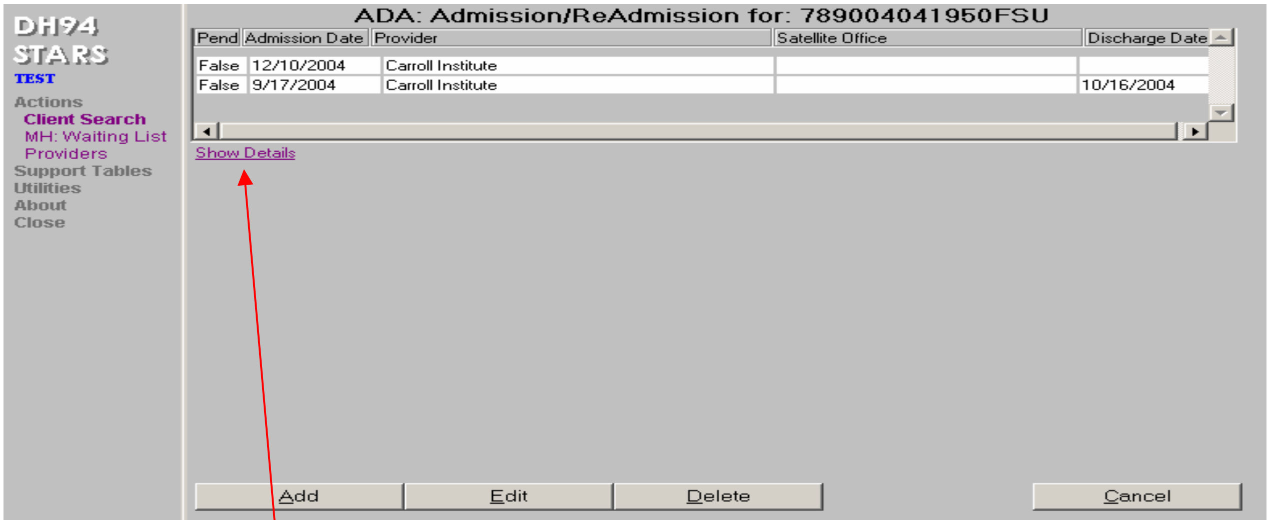
1. This screen will open when a client is selected from the "Client Search Screen" and the "ADA Admissions" tab is clicked. If the client selected has previous admission (s) the record will appear in the upper window screen.

2. **To add a new admission record** for the client, click on the "Add" tab and the "Client Information Screen" will open up with the client's previous information being listed. Make any changes and save the record. Then proceed to click on the "ADA Adm Info" tab located on the top menu bar. Once again the information from the previous admission will be listed on the screen, however it will be placed in the "Pending" mode. This will permit any changes to take place and once the record has been updated, click on the "Save" tab located on the bottom menu to save the record for the new admission record.

3. To edit a record, click on the record and then click on the "Edit" tab which will open up the "Client Information Screen" Once this screen is open, make the changes and then click on the "Save" tab. After the changes are saved, click on the "Cancel" tab to return to the "Client Search Screen".

4. To delete a record, click on the record, and click on the "Delete" tab. **However before a delete is completed on the ADA – Admission/Re-Admission Screen , STARS will check to see if the ADA Admission Record has any connecting records. If any of the following conditions are met, Deletion will not occur:**
   - If there are "REG" Transfer Records, Deletion will stop.
   - If there are any services after the Admission Date and before the Discharge Date, Deletion will stop. These Services include any (Non-Contract, Contract, or Title XIX) billing info.
   - Exception – H0001 (Treatment Needs Assessment) service does **not** need an Admission Record. This service will not stop the Delete.

ADA – Admission/Re-Admission

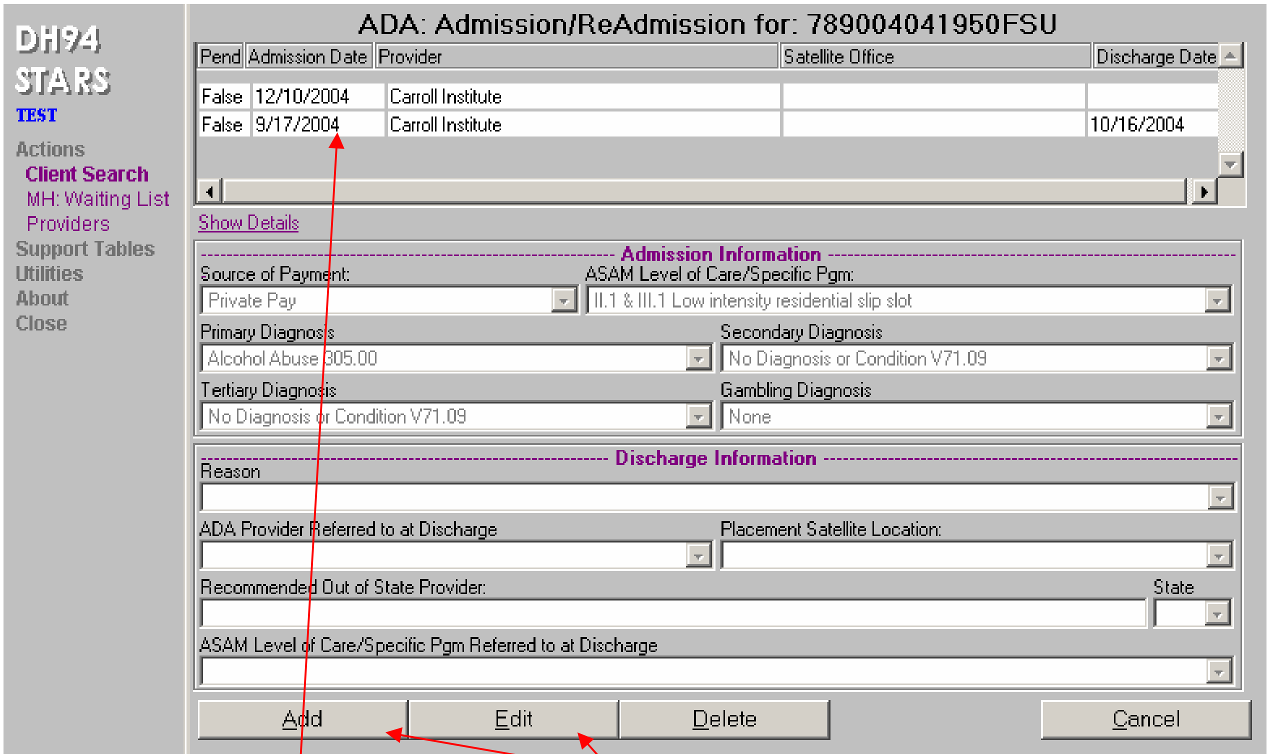


5. If there is only a Discharge record, STARS will delete the Discharge record, but this only can be done on the Discharge Screen and after selecting the "delete" tab.

6. To find the Admission and Discharge information for a particular record listed on the screen, click on the record and then "**Show Details**" which will open the "ADA Admission/Re-Admission Show Details) Screen."

7. The Add, Edit and Delete tabs will be enabled based on assigned user security.

ADA- Admission/Re-Admission Details Screen



1. **To add a new admission record from the above screen**, click on the "<u>Add</u>" tab and the "Client Information Screen" will open up.

2. To edit a record, <u>click on the record</u> and then click on the "<u>Edit"</u> tab which will open up the "Client Information Screen" Once this screen is open, make the changes and then click on the "Save" tab. After the changes are saved, click on the "Cancel" tab to return to the "Client Search Screen".

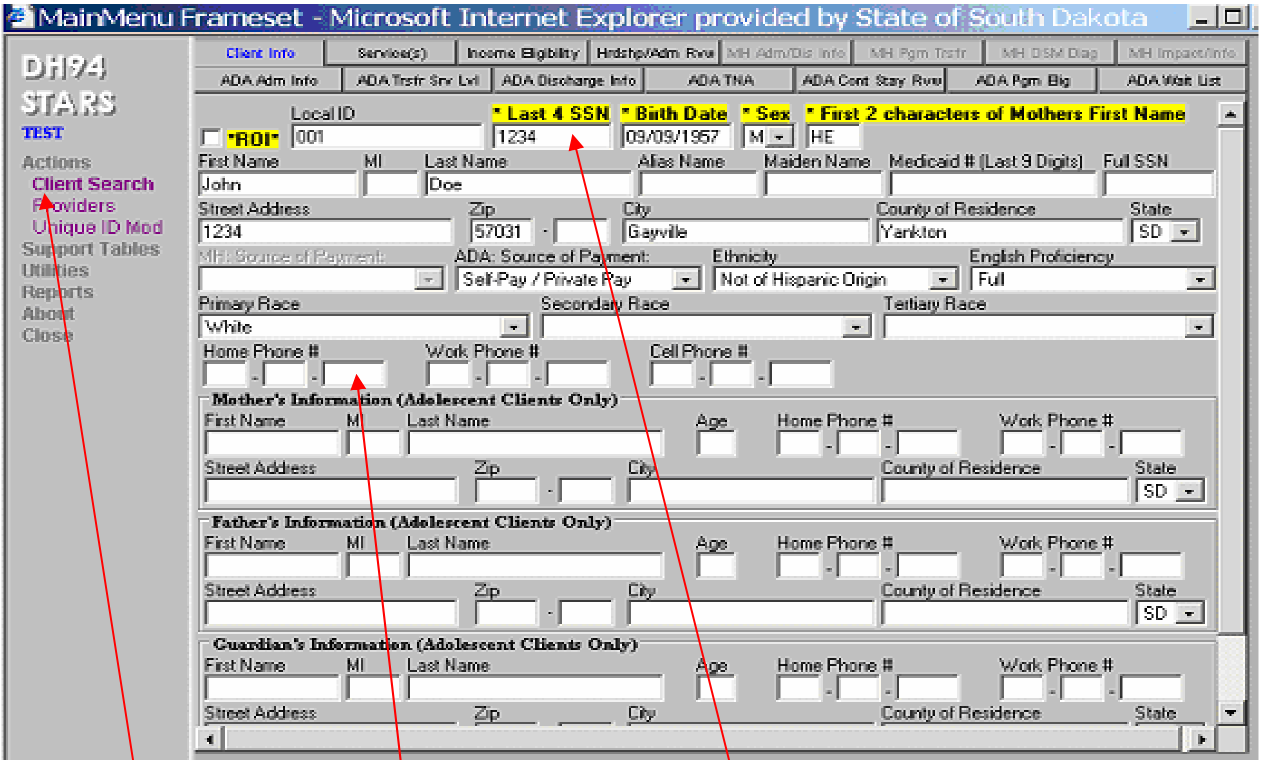
3. To delete a record, click on the record, and click on the "Delete" tab. **However before a delete is completed on the "ADA – Admission/Re-Admission Details Screen", STARS will check to see if the ADA Admission Record has any connecting records. If any of the following conditions are met, Deletion will not occur:**
   - If there are "REG" Transfer Records, Deletion will stop.
   - If there are any services after the Admission Date and before the Discharge Date, Deletion will stop. These Services include any (Non-Contract, Contract, or Title XIX) billing info.
   - Exception – H0001 (Treatment Needs Assessment) service does <u>**not**</u> need an Admission Record. This service will not stop the Delete.

4. If there is only a Discharge record, STARS will delete the Discharge record, but this only can be done on the Discharge Screen and after selecting the "delete" tab.

5. To return to the "Client Search Screen" click on the "Cancel" tab.

6. The Add, Edit and Delete tabs will be enabled based on assigned user security.

Client Information Screen



1. **In order to add a new client** into STARS, the following steps are required: Under "Action" on the side menu, click on "Client Search" which opens up the "Client Search Screen"

2. On the "Client Search Screen" enter the Last 4 digits of SSN, DOB, Sex, First 2 Characters of Mother's First Name, First and Last Name of the client and then click on the "Add Client" tab on the bottom of the screen. This will open up the "Client Information Screen."

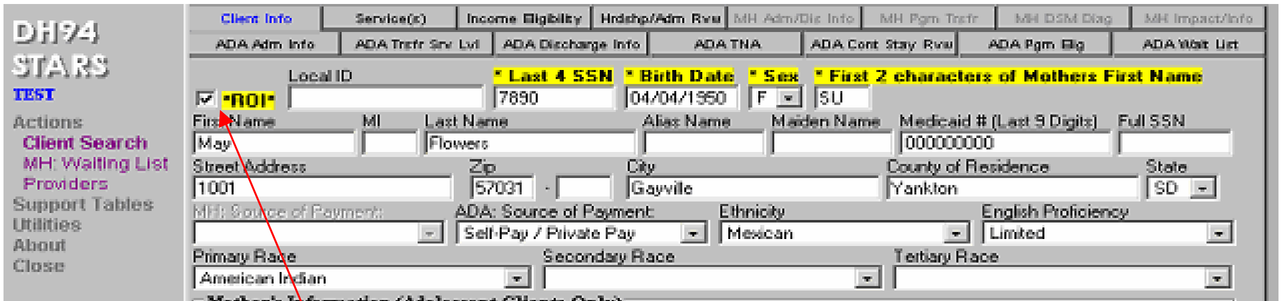
3. The required fields for this screen are based on the "**<u>ADA: Source of Payment</u>**" selected from the dropdown on this screen.

4. The Home, Work and Cell phone fields are optional fields that can be completed for your record.

❈ **ADA Source of Payment =Title XIX. Required Fields:** Last 4 SSN, Birth Date, Sex, First 2 characters of Mother's first name, Medicaid # (Last 9 digits) Street Address, Zip, City, County, State, Primary Race, Ethnicity, and English Proficiency. <u>(User Note) After filling in the Zip code, the system will automatically complete the town and county of residence. Corrections are allowed if necessary.</u>

❈ **ADA Source of Payment = "Contract": Required Fields**: The same fields for Title XIX above except the Medicaid #

Client Information Screen



- **ADA Source of Payment = "Self Pay / Private Pay" or "Other 3rd Party": Required Fields**: Last 4 SSN, Birth Date, Sex, First 2 characters of Mother's first name, County, State, Primary Race, Ethnicity, and English Proficiency.

- **ADA Source of Payment ="State Employee Ins": Required Fields**: All fields required except the Non-Required Fields mentioned below:

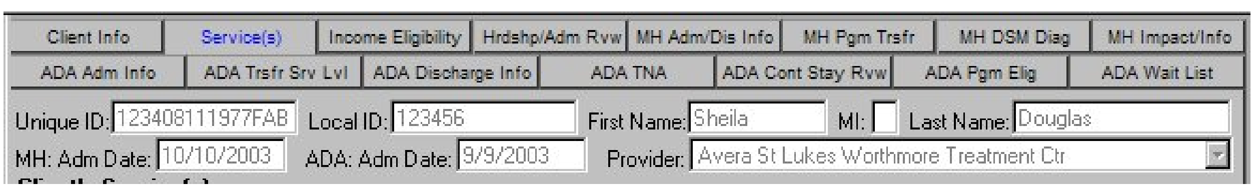
- **Non-Required Fields Regardless of Payment Source**: MI; Alias Name; Maiden Name; Full SSN, Last 4 digits of the Zip Code; Secondary Race; Tertiary Race; Local ID; Mother's, Father's, and Guardian's Information.

4. **The Release if Information** "ROI" box in the upper left hand of the screen will need to be checked only when the "ADA Source of Payment" is Contract, or Title XIX or State Employee Ins. When checking this box, the **agency first must obtain a release of information** from the client allowing client identifiable information to be released to the State for reimbursement purposes.

5. After entering all required information, click on the "Save" tab to retain the record

6. The "Cancel" tab will return to the "Client Search" Screen

General Tab Information



This is shown on all Tabs except the Client Info tab. **VIEW ONLY**

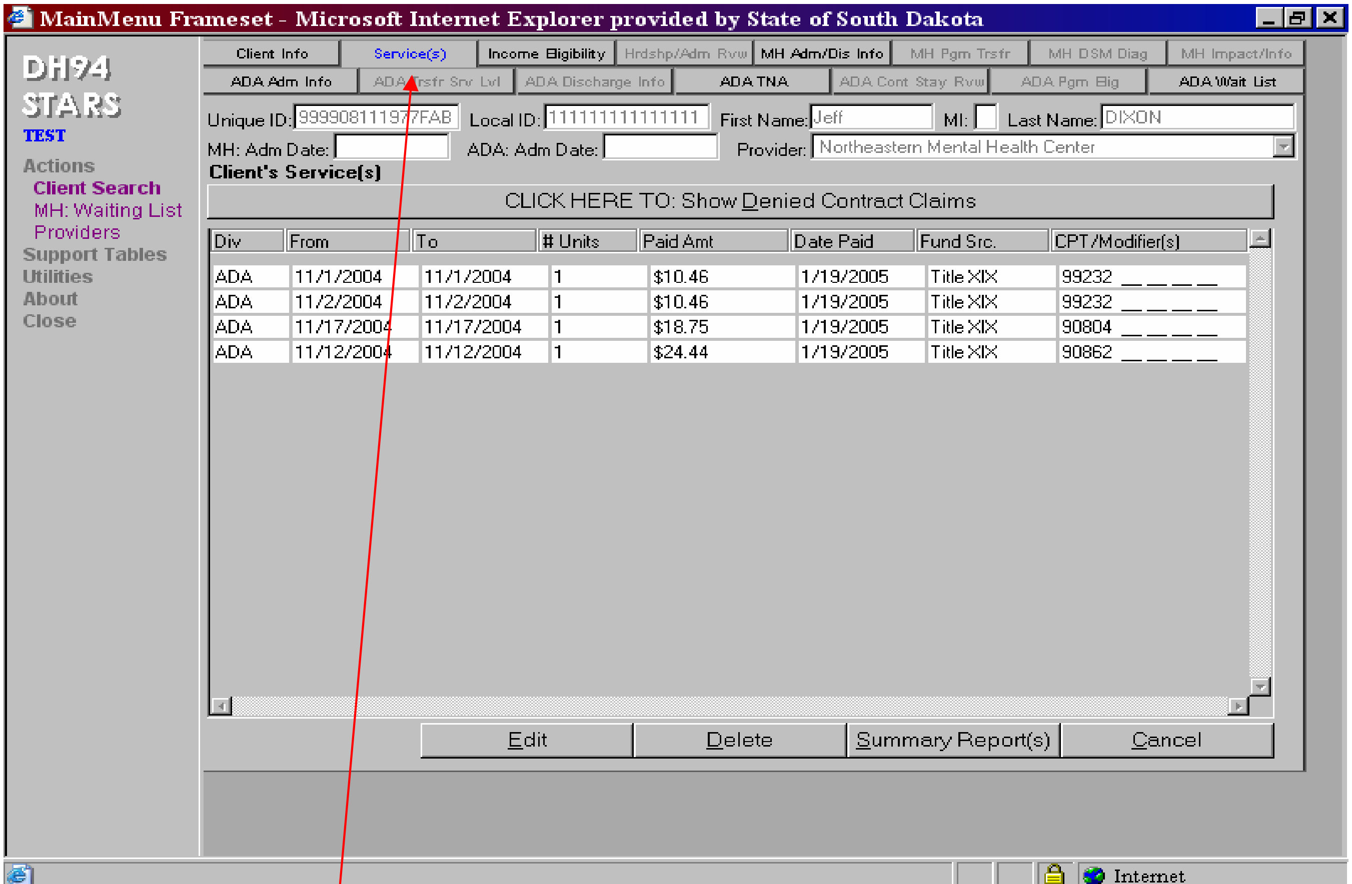
Business Rules:

The Client Name will be shown based on the most recent MH Admission, ADA Admission, or TNA. For State Staff, the Client Name appearing will be based on the ROI response located on the Client Info Screen.

SECTION "D"
SERVICES ELIGIBILITY AND HARDSHIP

1. Services Screen
2. Services Detail Screen
3. Income Eligibility Screen
4. Income Eligibility Detail Screen
5. Hardship Considerations and Eligibility Form Access Screen
6. Hardship/Administration Review Screen
7. Hardship/Administration Review Detail Screen

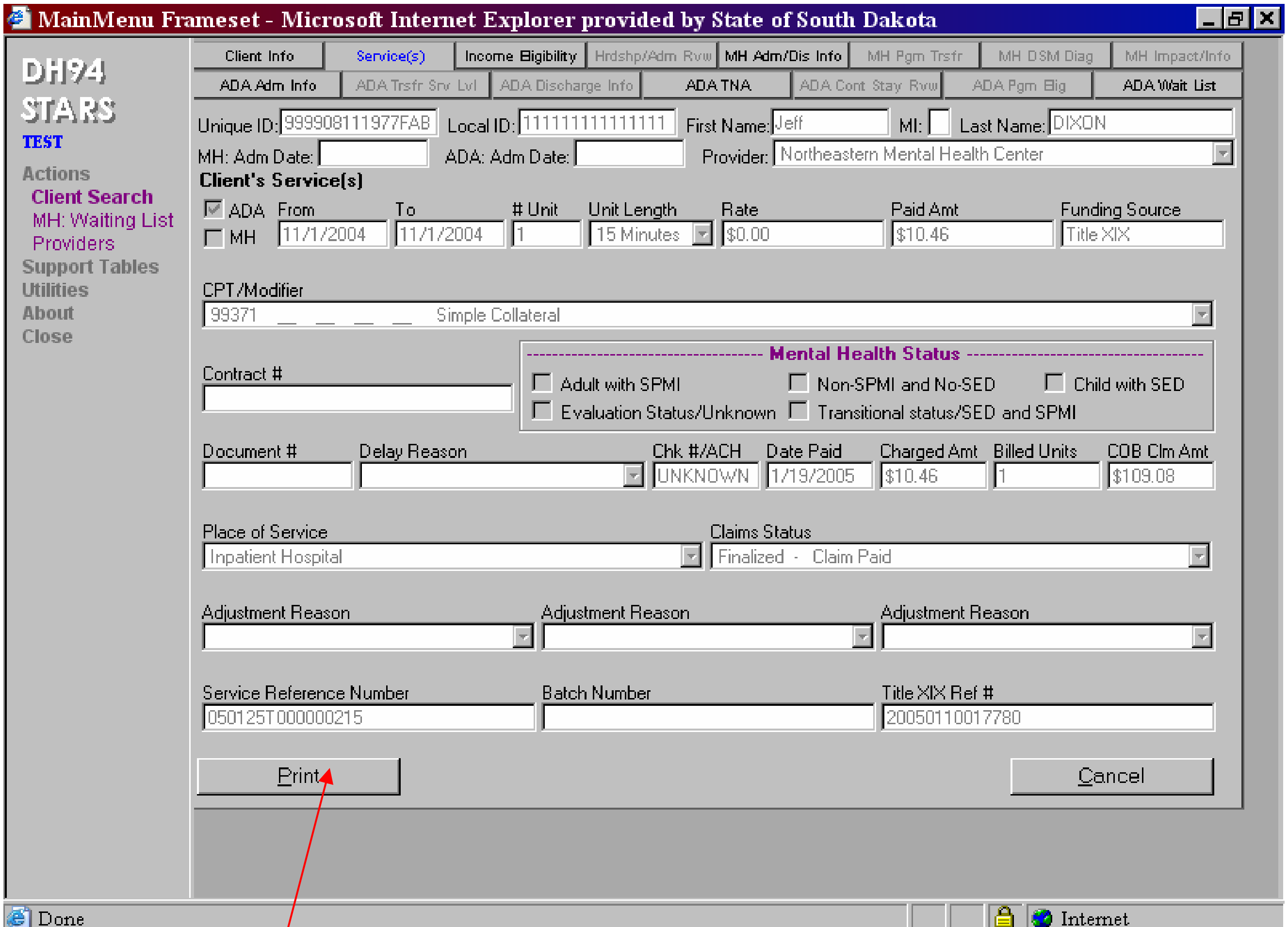
Services



The Services Screen can be accessed from the "Client Search Screen. " First locate the client and double click on the client's record which opens up the "Client Information Screen" The **"Services"** tab is located on the top menu bar.

1. Clicking on the "Services" tab will open up the above screen.
2. This screen will display services billed within a 3 year time frame.
3. Contract and Title XIX services will be view only by Providers.
4. Clicking on the "Edit" tab will allow providers to edit any Non-Contract Services fields (from, to, #unit, CPT/modifier, and place of service)
5. "Delete" will only delete a selected non-contract service.
6. "Summary Reports" will provide a report on all services provided to client for a selected time frame.
7. Clicking on "Cancel" will take provider back to the "Client Search Screen".

Services Detail Screen



1. This screen is View/Print only by Providers.

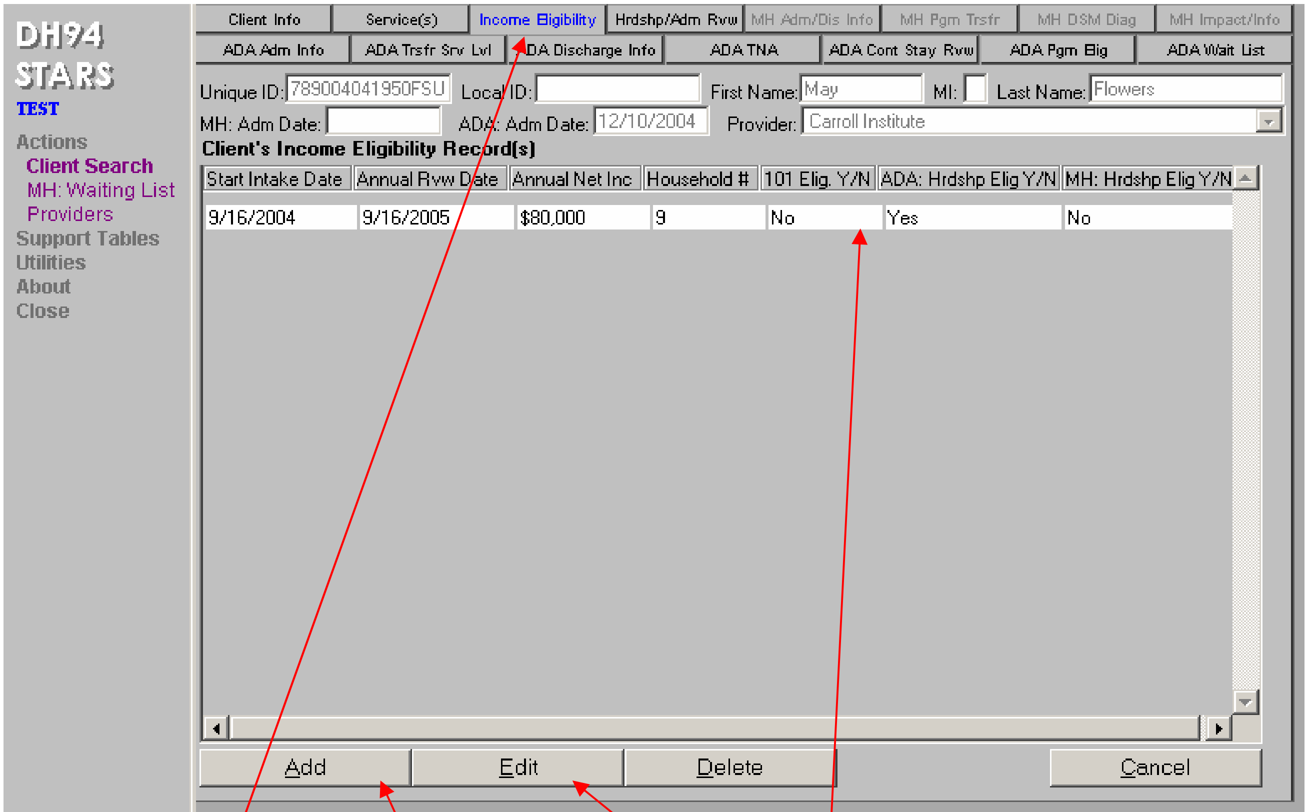
2. The “Services Detail Screen” provides information on client’s billing information. Specifically, whether ADA or MH were billed, total units, date from and date to, unit length, rate of service, paid amount, and funding source.

3. Information is also available on Contract #, CPT modifier used, mental health status, place of service, claims stats, service Reference Number, and Title XIX Reference #.

4. The “Print” tab will allow providers to print this page.

5. The “Cancel” tab will take a provider back to the “Services List Screen.”

Income Eligibility Screen



1. The Income Eligibility Screen can be accessed from the “Client Search Screen. “ First locate the client and double click on the client’s record which opens up the “Client Information Screen” The “Income Eligibility” tab is located on the top menu bar. Click on this tab to open the above screen.

2. **To enter a new record**, click on the “Add” tab which opens up the “Income Eligibility Detail Screen.” When completing the “Annual Net Income” field, numerals must be a positive number.

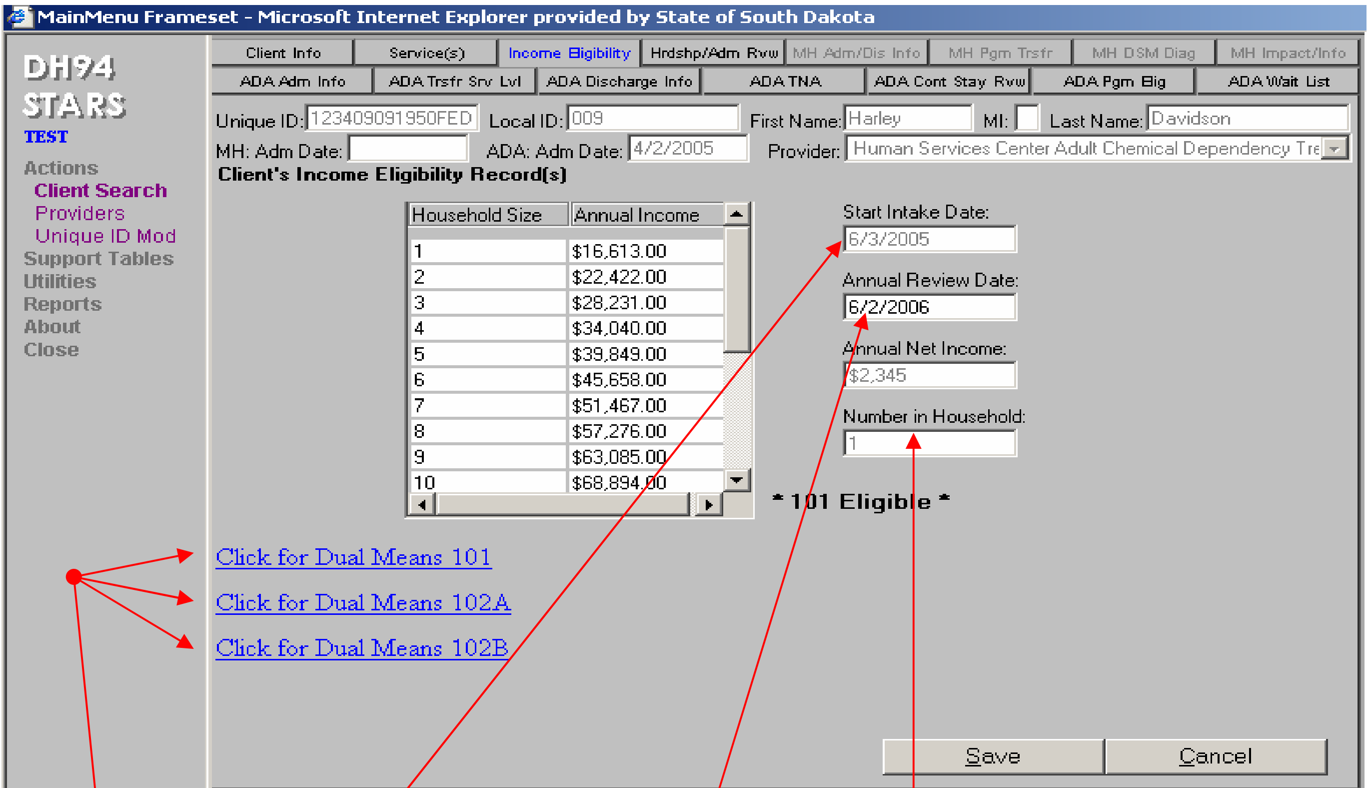
3. **To edit an existing record** on the above screen, click on the record and then the “Edit” tab which will open up the “Income Eligibility Detail Screen.” Make the necessary changes and click on the “Save” tab to retain the information.

4. **To delete an existing record** on the above screen, click on the record and then the “Delete” tab in which a pop up message will ask if you “Are sure you want to delete?” Click on “Yes” to delete the record.
   However if there are any Contract Services in the STARS Claim table, deletion will stop.

5. The “Cancel “tab” will return you to the “Client Search Screen”

6. The Add, Edit and Delete tabs will be enabled based on assigned user security.

Income Eligibility Detail Screen



1. To add a new record click on the "Add" tab on the "Income Eligibility Screen" where a new record may be added on the above screen.

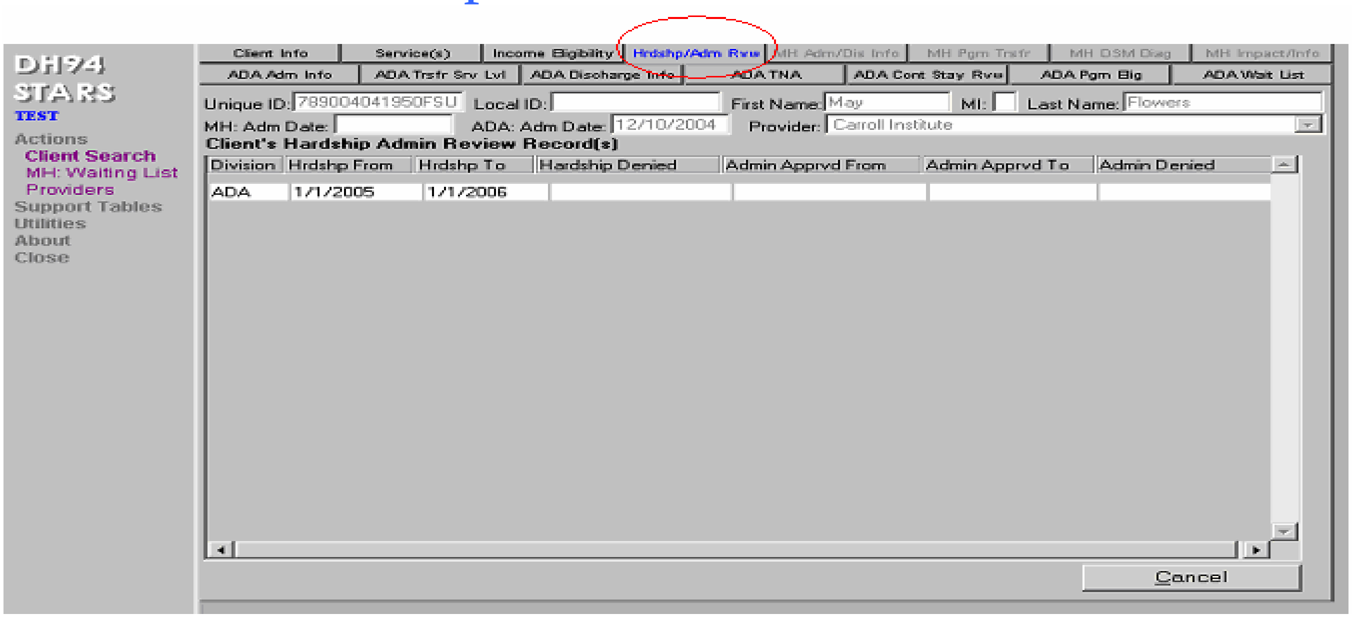
2. Enter the <u>Start Intake Date</u> and then the <u>Annual Review Date</u> will automatically be entered. The Annual Review date cannot be more than 1 yr and 30 days later than the **Start Intake Date if this entered manually.**

3. Enter the <u>Annual Net Income in positive numbers</u> and <u>Number in Household</u>, then tab on "Save" to maintain the record, which will return to the "Income Eligibility Screen." The record will be listed on this screen verifying if "**Yes**" or "**No**" the client met eligibility requirements.

4. The "Cancel" tab will return to the" Income Eligibility Screen".

5. The **Blue** Financial and Hardship Headings will open up their respective form when selected.

Hardship/Admin Review Screen



The above screen is "View Only" for Providers.

Information on the "Hardship/Admin Review Screen" pertains to a client in which an application for Hardship consideration was submitted to the Department of Human Services. Hardship information regarding when appropriate to apply can be found in the Income Eligibility documentation provided by the Department.

The above screen identifies what Division the hardship is being applied with and also length of approval. However, if denied, this will be noted on the screen. If after this denial the client/family is still not satisfied and goes through an appeal process with the Department, the outcome will also be listed on the screen. The information will either include an approval with length listed for the hardship funding or the date the Department also denied funding.

To access the "Hardship/Admin Review Screen" the following steps are required:

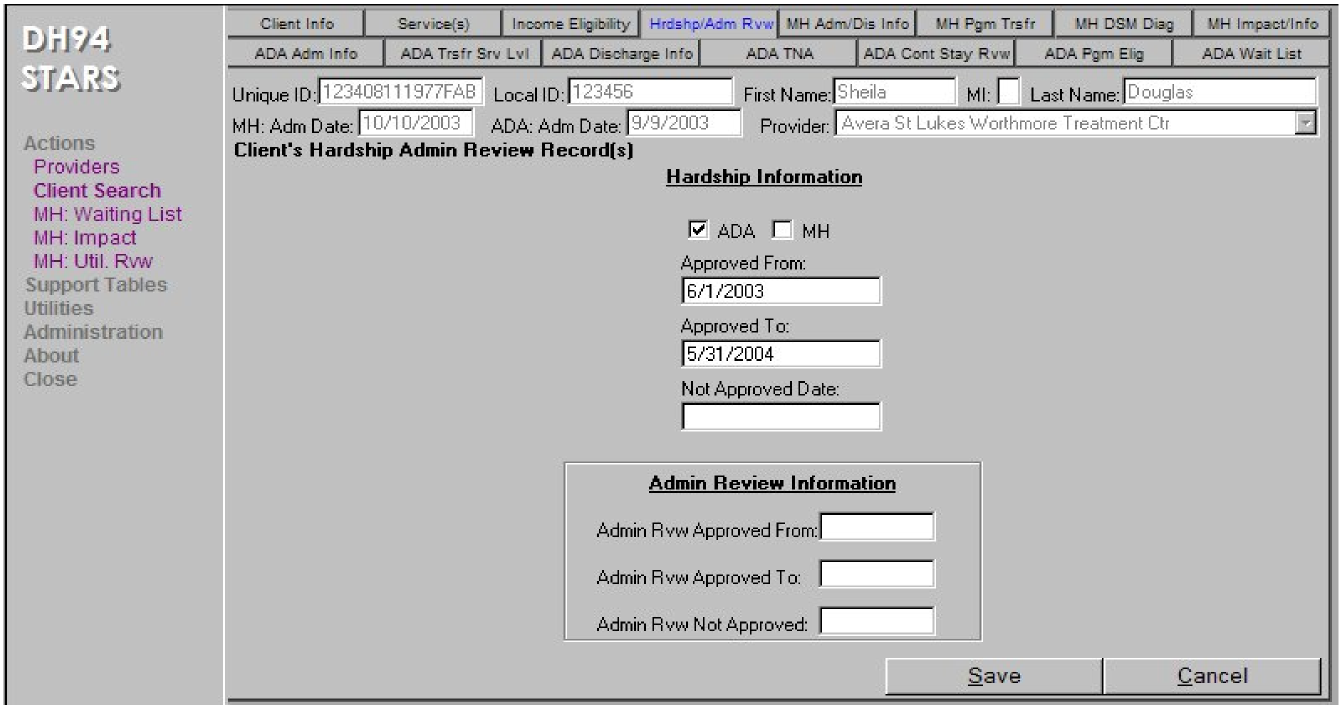
1. Locate the client from the "Client Search Screen" and single click on the client record.

2. Then click on the "Most Recent" tab located on the bottom menu of the "Client Search Screen" which opens the "Client Information Screen."

3. Provided the client had an income record completed, the" Hardship/Adm Review" tab circled in **RED** above located on the top menu bar will be enabled. By clicking on this tab the "Hardship/Admin Review Screen" will open up for viewing.

4. The "Cancel" tab will return to the "Client Search Screen".

Hardship/Admin Review Detail Screen



This screen is for State Administration staff, therefore the following instructions do not pertain to the provider.

1. Access the screen by clicking "Hardship/Admin Review" tab

2. By clicking on the "Add" tab located on the bottom of the "Hardship/Admin Review Screen", the above screen will open up to Add a Client's Hardship/Admin Review.

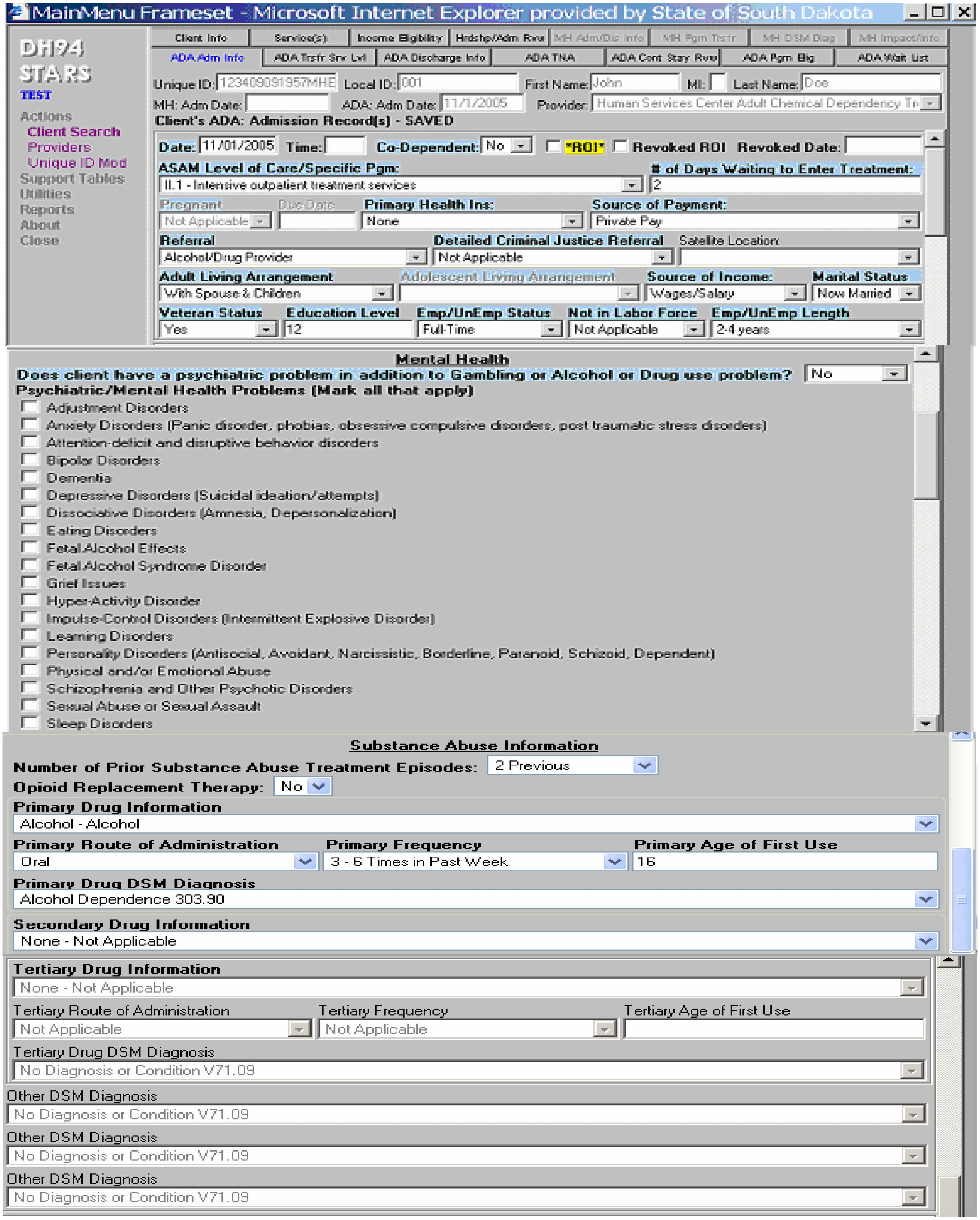
3. By clicking on the "Edit" tab located on the bottom of the "Hardship/Admin Review Screen", the above screen will open up to edit a Client's Hardship/Admin Review.

4. To Delete a record, single click on the record on the "Hardship/Admin Review Screen" and then the "Delete" tab. A prompt will ask if the record is to be deleted and click on "Yes" to delete.

5. "Cancel" will take return to the "Hardship/Admin Review Screen".

SECTION “E”
ADMISSION, TRANSFER & DISCHARGE

ADA Admission Information Screen



MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Actions
Client Search
Providers
Unique ID Mod
Support Tables
Utilities
Reports
About
Close

Client Info | Service(s) | Income Eligibility | Hrdshp/Adm Rvw | MH Adm/Dis Info | MH Pgm Trsfr | MH DSM Diag | MH Impact/Info

ADA Adm Info | ADA Trsfr Srv Lvl | ADA Discharge Info | ADA TNA | ADA Cont Stay Rvw | ADA Pgm Elig | ADA Wait List

Unique ID: 123409091957MHE Local ID: 001 First Name: John MI: Last Name: Doe

MH: Adm Date: ADA: Adm Date: 11/1/2005 Provider: Human Services Center Adult Chemical Dependency Tr

Client's ADA: Admission Record(s) - SAVED

Date: 11/01/2005 Time: Co-Dependent: No *ROI* Revoked ROI Revoked Date:

ASAM Level of Care/Specific Pgm: II.1 - Intensive outpatient treatment services

\# of Days Waiting to Enter Treatment: 2

Pregnant: Not Applicable Due Date:

Primary Health Ins: None

Source of Payment: Private Pay

Referral: Alcohol/Drug Provider

Detailed Criminal Justice Referral: Not Applicable

Satellite Location:

Adult Living Arrangement: With Spouse & Children

Adolescent Living Arrangement:

Source of Income: Wages/Salary

Marital Status: Now Married

Veteran Status: Yes

Education Level: 12

Emp/UnEmp Status: Full-Time

Not in Labor Force: Not Applicable

Emp/UnEmp Length: 2-4 years

Mental Health

Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem? No

Psychiatric/Mental Health Problems (Mark all that apply)

- Adjustment Disorders
- Anxiety Disorders (Panic disorder, phobias, obsessive compulsive disorders, post traumatic stress disorders)
- Attention-deficit and disruptive behavior disorders
- Bipolar Disorders
- Dementia
- Depressive Disorders (Suicidal ideation/attempts)
- Dissociative Disorders (Amnesia, Depersonalization)
- Eating Disorders
- Fetal Alcohol Effects
- Fetal Alcohol Syndrome Disorder
- Grief Issues
- Hyper-Activity Disorder
- Impulse-Control Disorders (Intermittent Explosive Disorder)
- Learning Disorders
- Personality Disorders (Antisocial, Avoidant, Narcissistic, Borderline, Paranoid, Schizoid, Dependent)
- Physical and/or Emotional Abuse
- Schizophrenia and Other Psychotic Disorders
- Sexual Abuse or Sexual Assault
- Sleep Disorders

Substance Abuse Information

Number of Prior Substance Abuse Treatment Episodes: 2 Previous

Opioid Replacement Therapy: No

Primary Drug Information: Alcohol - Alcohol

Primary Route of Administration: Oral

Primary Frequency: 3 - 6 Times in Past Week

Primary Age of First Use: 16

Primary Drug DSM Diagnosis: Alcohol Dependence 303.90

Secondary Drug Information: None - Not Applicable

Tertiary Drug Information: None - Not Applicable

Tertiary Route of Administration: Not Applicable

Tertiary Frequency: Not Applicable

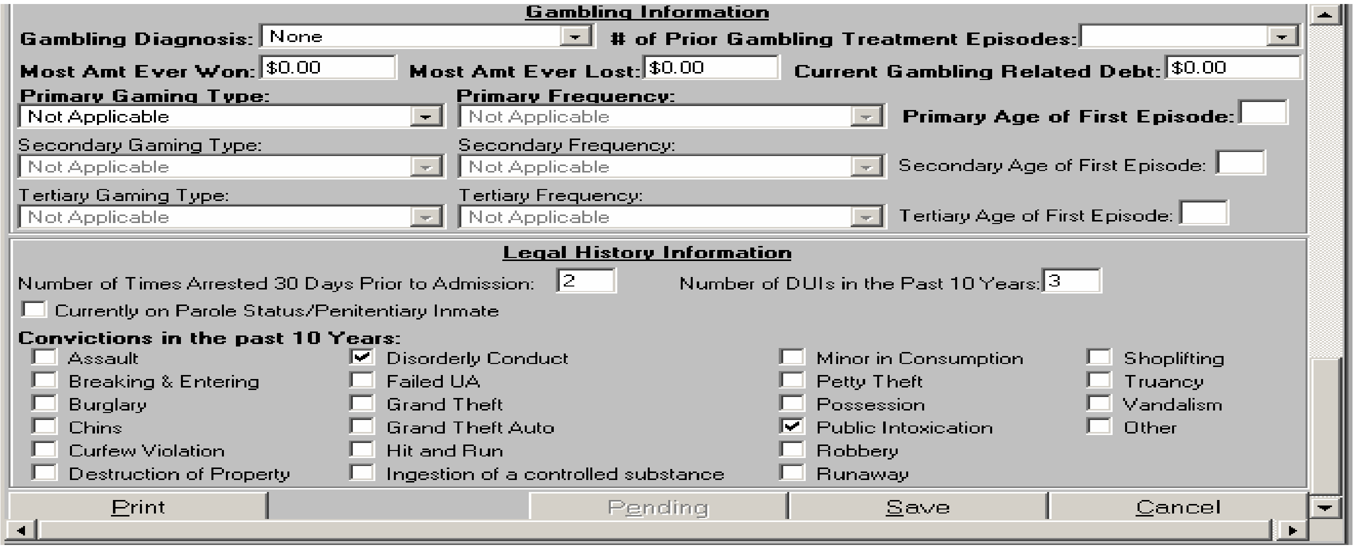
Tertiary Age of First Use:

Tertiary Drug DSM Diagnosis: No Diagnosis or Condition V71.09

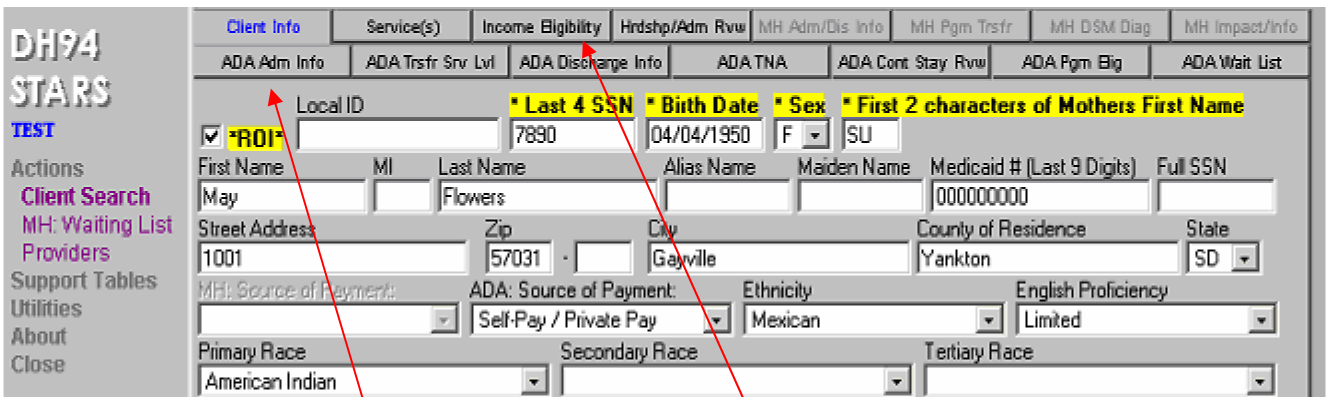
Other DSM Diagnosis: No Diagnosis or Condition V71.09

Other DSM Diagnosis: No Diagnosis or Condition V71.09

Other DSM Diagnosis: No Diagnosis or Condition V71.09



ADA Admission Information Screen



ACCESSING THE ADA ADMISSION INFORMATION SCREEN

1. To access the “ADA Admission Information Screen” from the “Client Search Screen” the following steps are required:

a) Enter an existing client Unique ID on the” Client Search Screen” and click on the” Search” tab to locate an existing record. If a record exists, single click on the client record and the “Most Recent” tab which will open up the “Client Information Screen” If this screen has been previously completed the **<u>ADA Admission</u> Information and <u>Income Eligibility</u>** tab will be enabled on the top menu bar. Click on the ADA Admission tab to open the screen**:**

OR

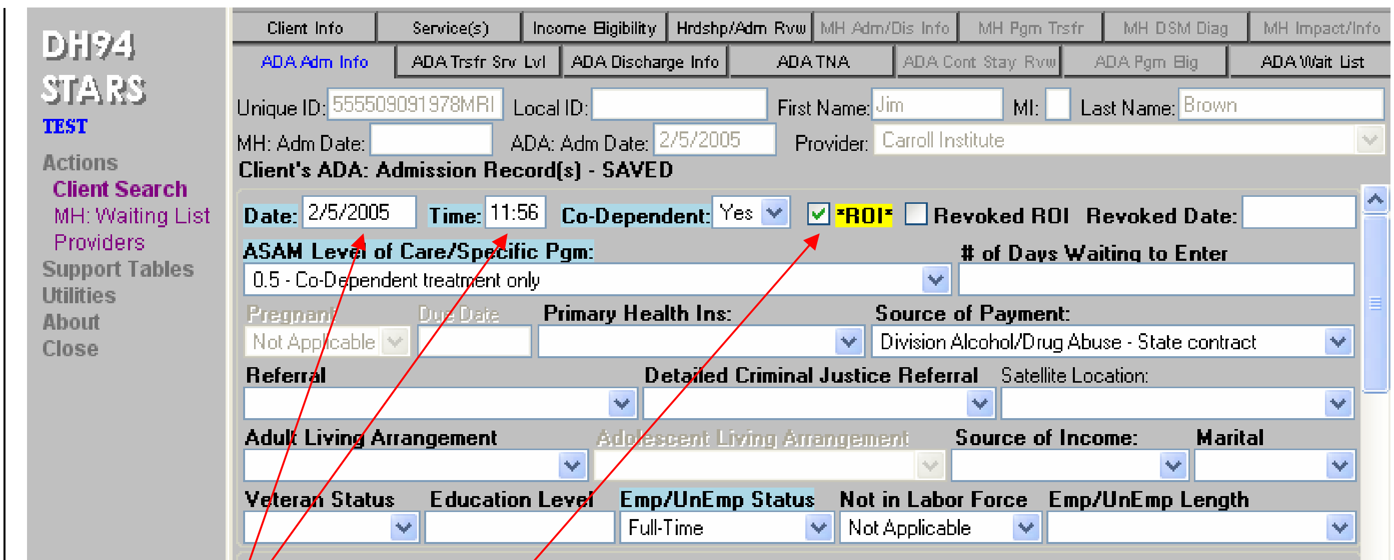
b) Enter a new client into STARS on the “Client Search Screen” and click on the “Add Client” tab which will open up the “Client Information Screen.”

c) From the “Client Information Screen” complete the required information then click on the “Save” tab which will allow access to the **ADA Admission Information** and **Income Eligibility** tabs.

d) It is recommended the "**Income Eligibility**" tab be selected **first** on the "Client Information Screen" and the "Income Eligibility Detail Screen" be completed prior to clicking on the "ADA Adm Info tab" since the "ADA Admission Screen can not be saved until an Eligibility record has been completed.

e) However if the above sequence is not followed, information entered in the "ADA Admission Information Screen" can be retained by being placed in a "**Pending**" mode (this tab is located on the bottom menu bar of the screen) to access the "Income Eligibility Screen" for completion and then return to ADA Admission screen**. However, be sure to click on the "Pending" tab after the information is entered and prior to leaving the ADA Admission Information Screen or else the information will not be saved.**

ADA Admission Information Screen

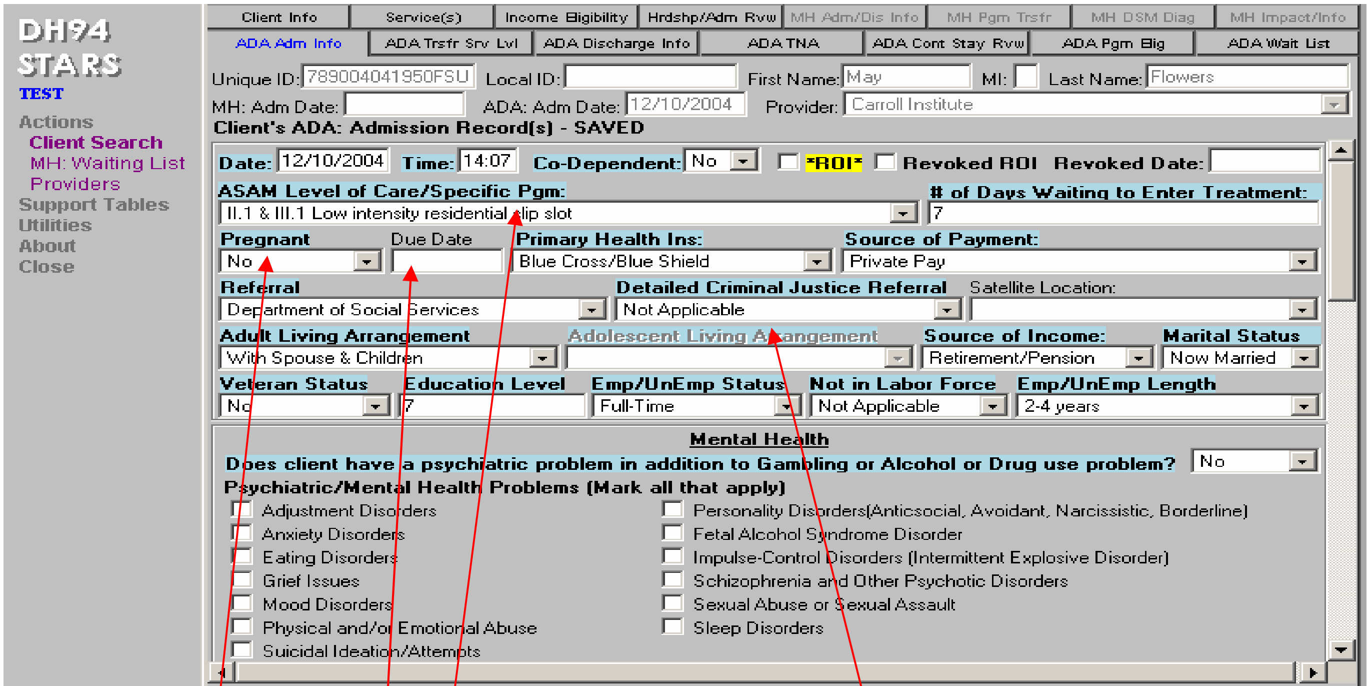


GENERAL INSTRUCTIONS FOR COMPLETING THE ADA ADMISSION RECORD SCREEN

When Co-Dependent = "Yes"

1. The **date** will be entered by the system but can be changed to match the correct date of admission and **time** can be added manually by the provider.
2. When **Co-Dependent** = Yes, the person is defined as having no alcohol or drug problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user. In addition the system will enter the ASAM level of Care as **0.5 Co-Dependent treatment only**.
3. The **ROI box** will need to be checked if payment source is either, Title XIX, Contract or State Employee Insurance.
3. Only the **Blue highlighted fields** need to be completed for a Co-Dependent client.
4. Click on the "**Save**" tab after the fields have been completed to retain the record.

ADA Admission Information Screen

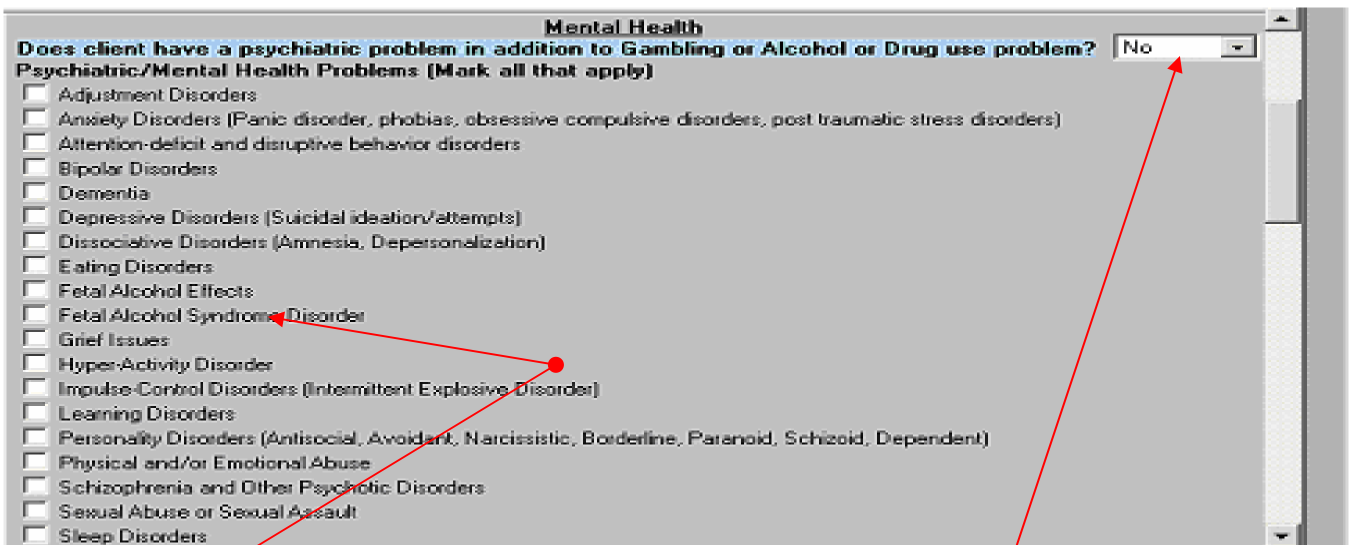


When Co-Dependent = "No"

1. The **date** will be entered by the provider and **time** can be entered manually as an optional field.
2. When **Co-Dependent** = No, the person is defined as being admitted for treatment of his/her own drug or alcohol problem.
3. The **ROI box** will need to be checked if payment source is either, Title XIX, Contract or State Employee Insurance. The **ROI cannot be unchecked** after any Contract, Title XIX or State Insurance records have been submitted to the Department. To revoke a ROI, the client's source of payment must be either "Self Pay" or "Private Pay"
4. Enter the **<u>ASAM level of Care/Specific Program</u>** other than "0.5-Co-Dependent treatment only" and the **Blue** high lighted required fields will be shown on the screen.
5. Enter actual number in "**# of Days Waiting to Enter Treatment**" field
6. The "**<u>Pregnant" and "Due Date</u>**" field will only be enabled for a female client. Enter a tentative date in the following format: **mm/dd/yyyy**.
7. **Source of Payment field** is a more specific breakdown of funding sources required for Federal reporting.
8. When **"Referral**" is **"Court/Criminal Justice Referral**, the "<u>Detailed Criminal Justice Referral</u>" field is also required to be completed. **When the client is receiving services as a result of a DWI/DUI, select this category from the drop down list and not an attorney, etc**. In the above example, this field is not required therefore NA
9. The "**<u>Satellite Location</u>**" is for an agency that has more than one location which can identify what location the client is being seen at. This is an optional field.
10. The "**Adult and Adolescent Living Arrangement**" fields will be enabled dependent on the client's birth date listed on the "Client Information Screen". Clients 17 and under are classified as adolescents for reporting purposes.
11. Complete the "**Source of Income**" "**Marital Status**" and "**Veteran Status**" fields from the dropdowns provided on the screen

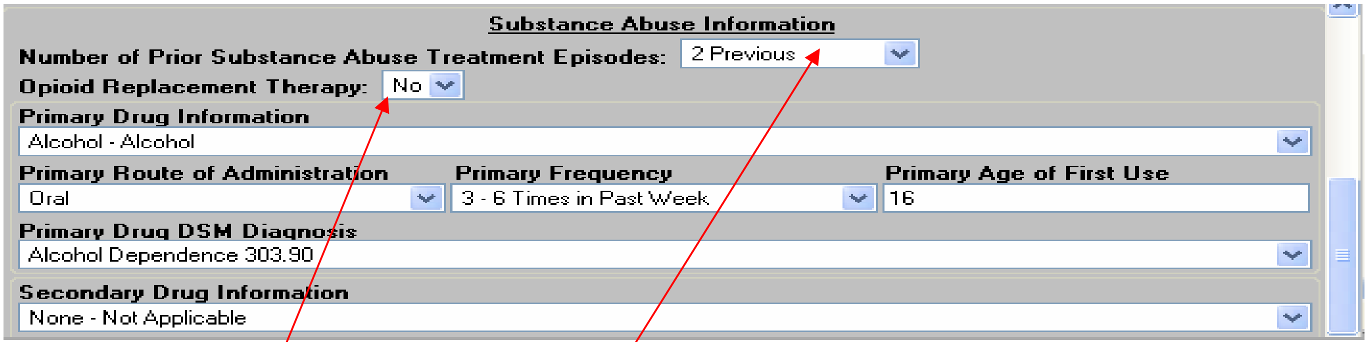
12. Enter the **last year of education completed** in the "Education Level" field. **GED enter 12**
13. When completing the "**Emp/UnEmp Status**" field and "**Not in Labor Force**" is selected from the dropdown, another response will be required in the "**Not in Labor Force**" Dropdown field. In this dropdown, select the appropriate response that matches the client's status. The above example does not require this response.
14. In responding to the **Emp/UnEmp Length field**, enter the appropriate length of the client being either **employed** or **unemployed**.

ADA Admission Information Screen (Cont)



MENTAL HEALTH SECTION

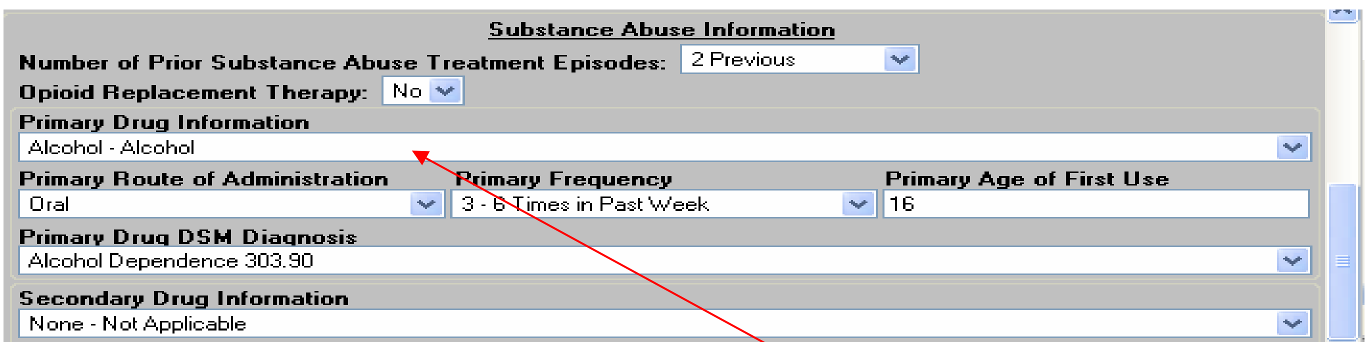
If the client is identified with a psychiatric problem in addition to Gambling and Alcohol/Drug and "Yes" is identified in the dropdown, then at least one of the check boxes will need to be marked. In the above example there were no additional problems so the response was "No" requiring no responses in the check boxes.



SUBSTANCE ABUSE INFORMATION

1. Begin by entering the <u>number of prior treatment episodes</u> from the selections listed on the dropdown responses.
2. If the client will be receiving the use of Methadone, LAAM, Burenorphine or another Opioid replacement therapy as part of the client's treatment, the response should be "Yes" in the "<u>Opioid Replacement Therapy" field</u>.

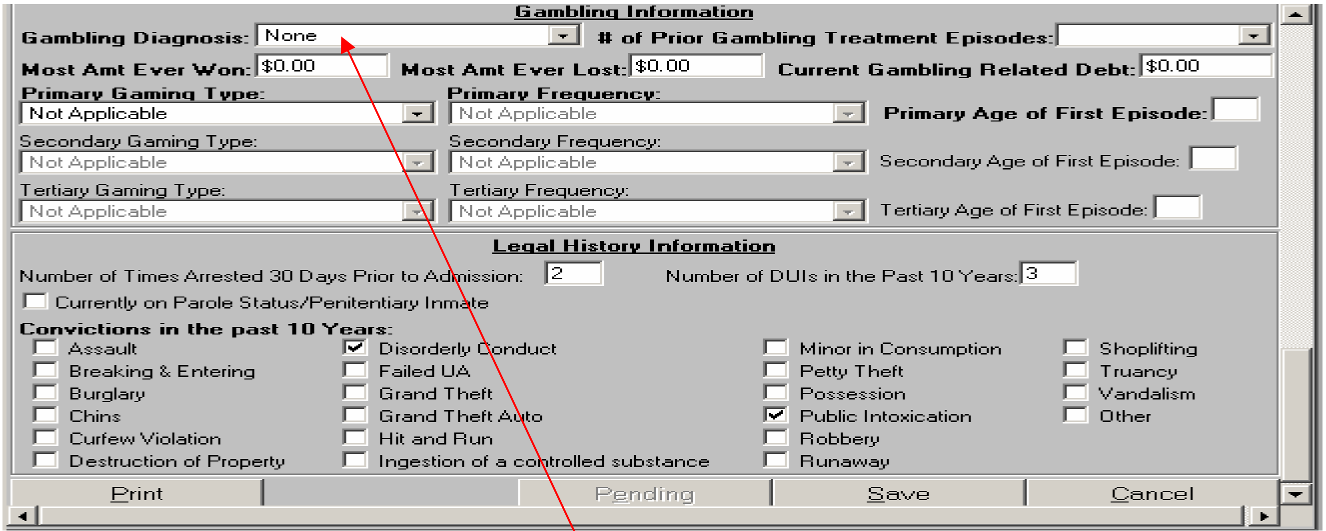
ADA Admission Information Screen



3. In the "Primary, Secondary, and Tertiary <u>Drug Information</u>" dropdown fields when a response is other than "None" a choice is required other than "Not Applicable" in the fields of "<u>Route</u>", "<u>Frequency</u>", "<u>Age</u>" and "<u>DSM Diagnosis</u>". The <u>Primary drug information</u> needs to be completed prior to completing the Secondary or Tertiary drug information.

4. The Substance Abuse Information area allows for up to 6 DSM diagnosis' to be collected. <u>If a Deferred Diagnosis is selected as the Primary Diagnosis, this will have to be updated to a specific alcohol/drug</u> diagnosis within 30 days from admission. This is necessary for reporting Contract and Non-Contract Units. The DSM fields of four, five and six can be listed in the "Other DSM Diagnosis" fields for agency collection information, but these fields are not required for reporting to the State.

5. **In the case where a client does not have an Alcohol or Drug diagnosis, but rather only a Gambling diagnosis, the Substance Abuse Information Section does not need to be completed.**



GAMBLING INFORMATION

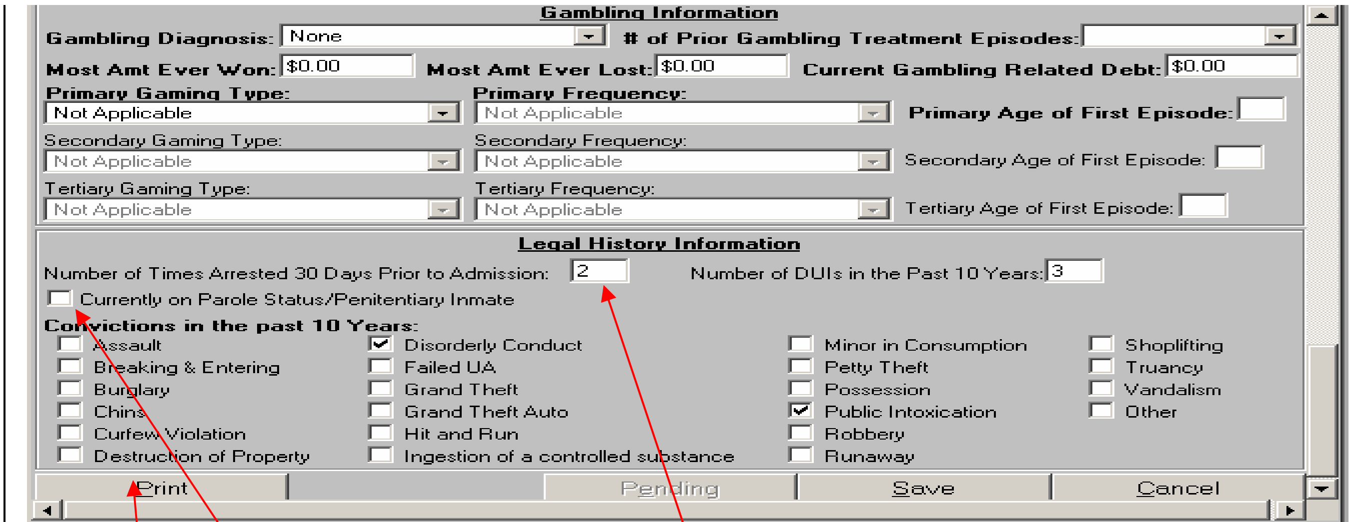
1. The Gambling Information needs to be completed whenever a client is assessed as having a DSM Pathological Gambling diagnosis. If the client is without this diagnosis, the Gambling Information area does not need to be completed and the fields will be listed as "Not Applicable".

2. Begin by entering the Gambling Diagnosis and number of treatment episodes in their respective fields.

3. If Pathological Gambling is identified in the Gambling Diagnosis field, which is the above example it did not, then a response is required in the "Most Won", "Most Lost" "Gambling Debt, Primary Gaming Type, Frequency and Age fields.

4. In regards to Gaming Types, this section will allow up to three different types a client may be involved in,so complete the fields as they are determined to apply.

ADA Admission Information Screen



LEGAL HISTORY INFORMATION

1. Complete the Legal History as it applies to the client. There are no required fields in this section that need to be completed to save the record.

2. <u>If a client is on Parole or a Penitentiary Inmate, mark the box that applies to this status.</u> This box does not pertain to clients who are on Probation status.

3. Enter the number of times the client has been arrested **<u>30 days</u>** prior to admission for treatment.

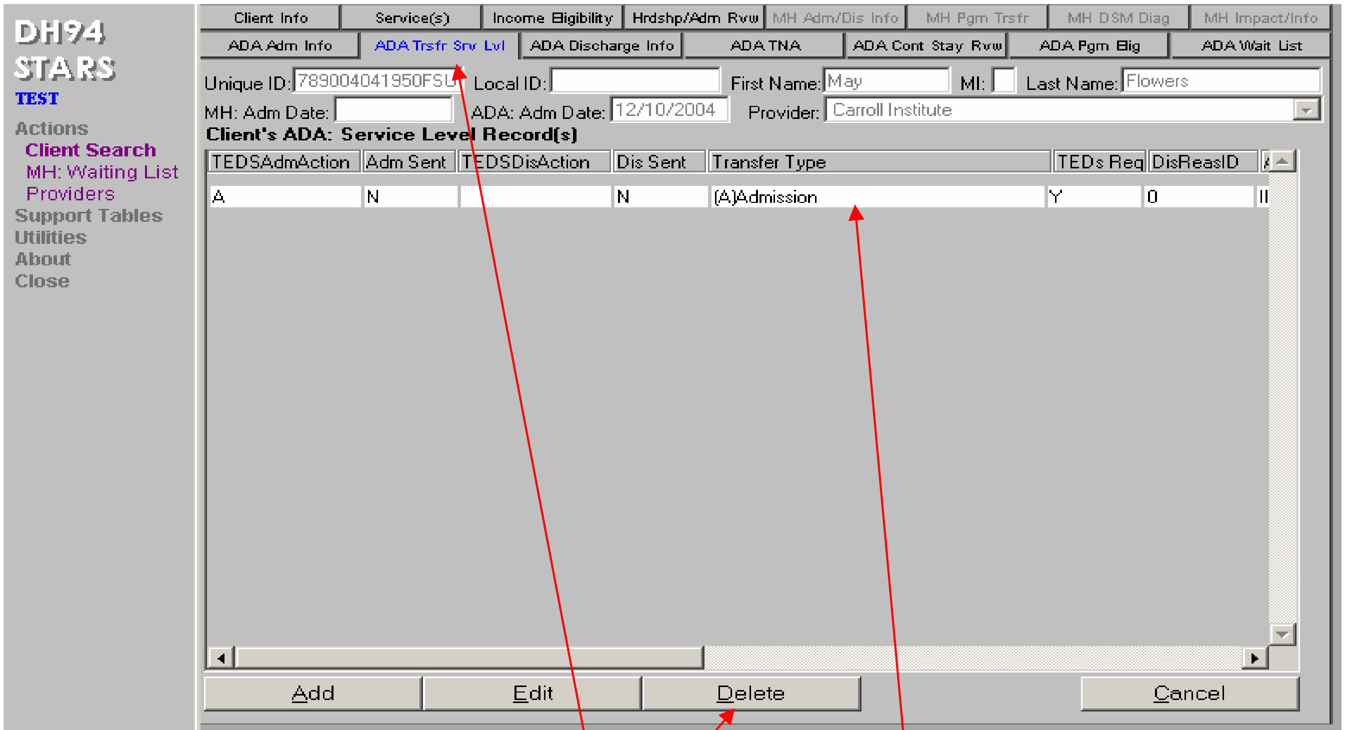
4. When all information on the ADA Admission Information Screen has been entered correctly, click on the “Save” tab located on the bottom of the screen.

5. The “Print” tab will Print the Admission Information.

6. The “Pending” tab will allow saving a partial Admission record without going through the Edit Checks.

7. Clicking on the “Cancel” tab will take you back to the ADA Client Search Screen.

A/D Transfer Service Level List Screen



To access the “A/D Transfer Service Level List Screen” from the “Client Search Screen” the following steps are required:

1. Enter an existing client Unique ID/Name on the “Client Search Screen” and click on the” Search” tab to locate an existing record. If a record exists, single click on the client record and then “Most Recent” tab which will open up the “Client Information Screen.”

2. On the top menu bar, click on the “ADA Adm Trsfr Srv Lvl” tab and the above screen will open up. **However, if a client has not yet had an Income Eligibility and ADA Admission Information record completed, this tab will not be enabled**. By completing these two records and saving both will enable the tab to allow access to the above screen.

3. When the above screen opens, the current client’s service history will be displayed. Only “Transfer Type” transfer records can be deleted from this screen.

4. **To delete a transfer record on the above screen**, click on the transfer record to be deleted and then on the “Delete” tab. A pop-up message will ask for a confirmation of “Yes” before the record is deleted. Click on “Yes” to delete. If the client has a discharge record for this particular admission, the deletion will not occur.

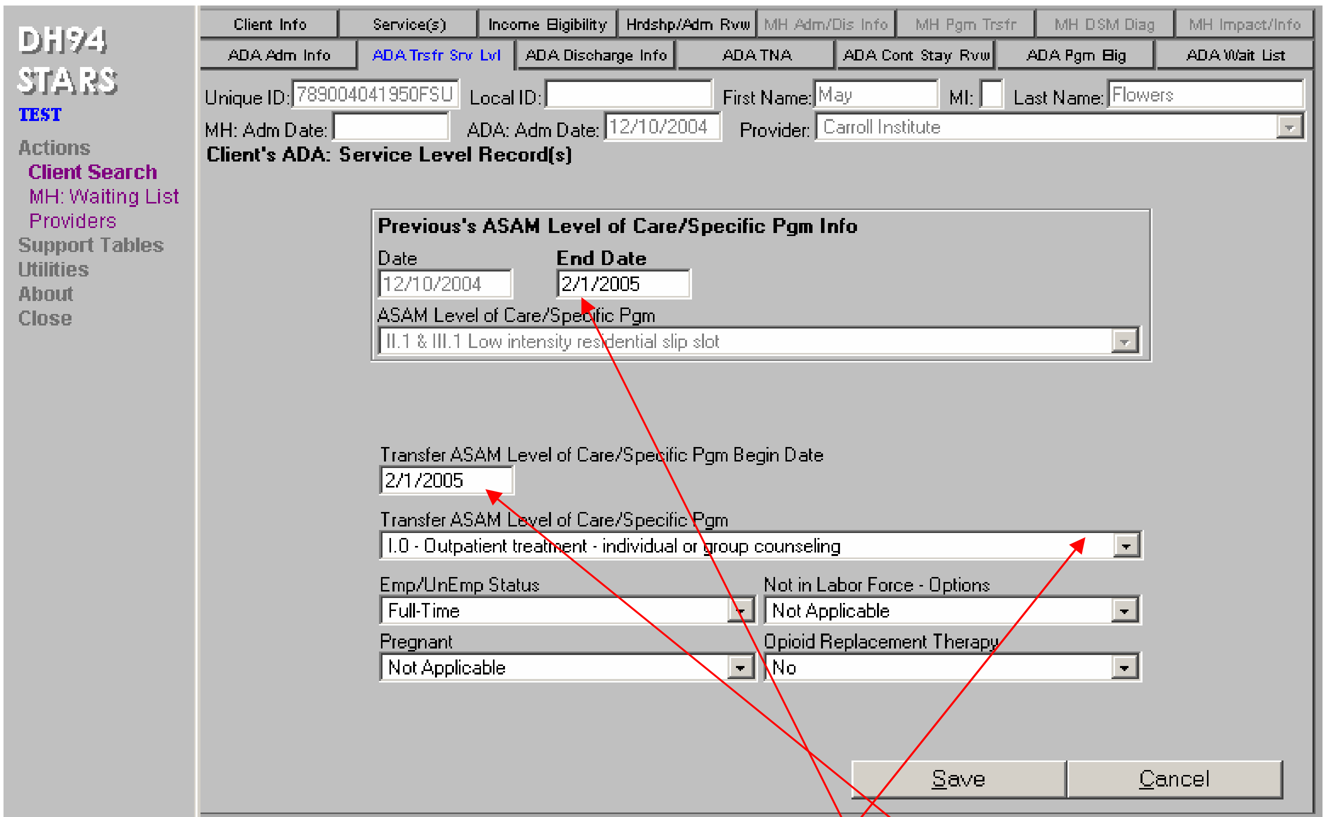
5. The Add, Edit and Delete tabs will be enabled based on assigned user security

6. Cancel will return to the “Client Search Screen.”

GENERAL INFORMATION REGARDING COMPLETING A TRANSFER RECORD

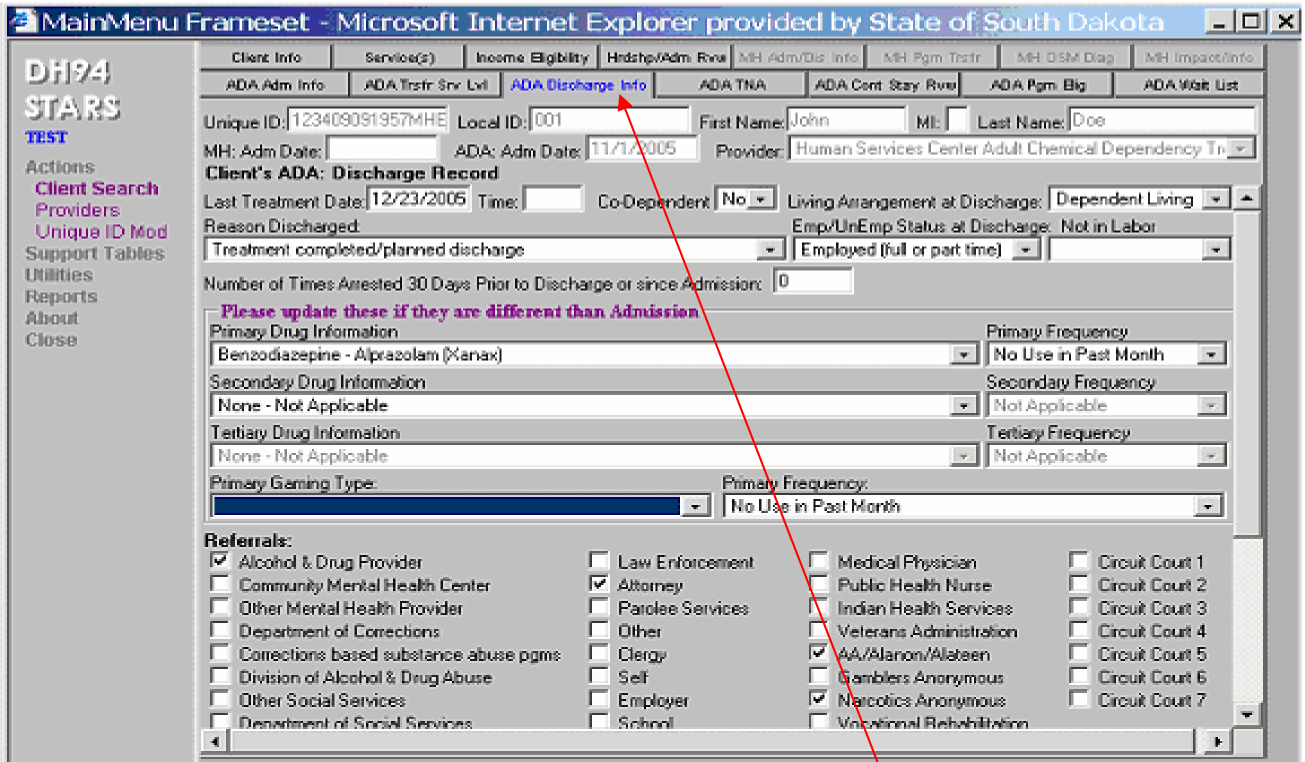
A transfer record is required when a client is being moved from one ASAM level of service to another within an agency. However there are certain situations when a transfer record cannot occur and a "Client Discharge Record" will need to occur instead. This is explained in more detail in the "Client Transfer Appendix" in this user manual.

A/D Transfer Service Level Detail Screen



1. To add a new record, click the "Add" tab on the bottom menu bar of the "A/D Transfer Service Level List Screen" which opens the above screen. (If a discharge record already exists for a client's admission, either a new admission record will need to be established or the discharge record for that particular admission needs to be deleted to complete a transfer.)
2. Enter the <u>actual mm/dd/yyyy of the client's last day of service</u> in the "<u>End Date</u>" field.
3. In the "<u>Transfer ASAM Level of Care/Specific Prg Begin Date</u>" field, enter the actual mm/dd/yyyy the client began the new level of service
4. Enter the new level in the "<u>Transfer ASAM Level</u> "field. Certain transfers will not be allowed and the system will alert the user when this occurs.
5. Update the following fields of **Emp/Emp Status**, **Labor force**, **Pregnant** and **Opioid Replacement Therapy**. If these fields are the same as the admission record, then enter the same responses, otherwise Up-date any changes that may have occurred since the last admission or transfer record.
6. Click on the "Save" tab to retain the record and return to the "A/D Transfer Service Level List Screen".
7. To edit an existing record, click on the record to be modified and then the "Edit" tab on the "A/D Transfer Service Level List Screen." Make the necessary changes on the above screen and click on the "Save" tab to retain the record.
8. Cancel will return to the "ADA Transfer Level Service List Screen"

A/D Discharge Information Screen



To access the "A/D Discharge Information Screen" from the "Client Search Screen" the following steps are required:

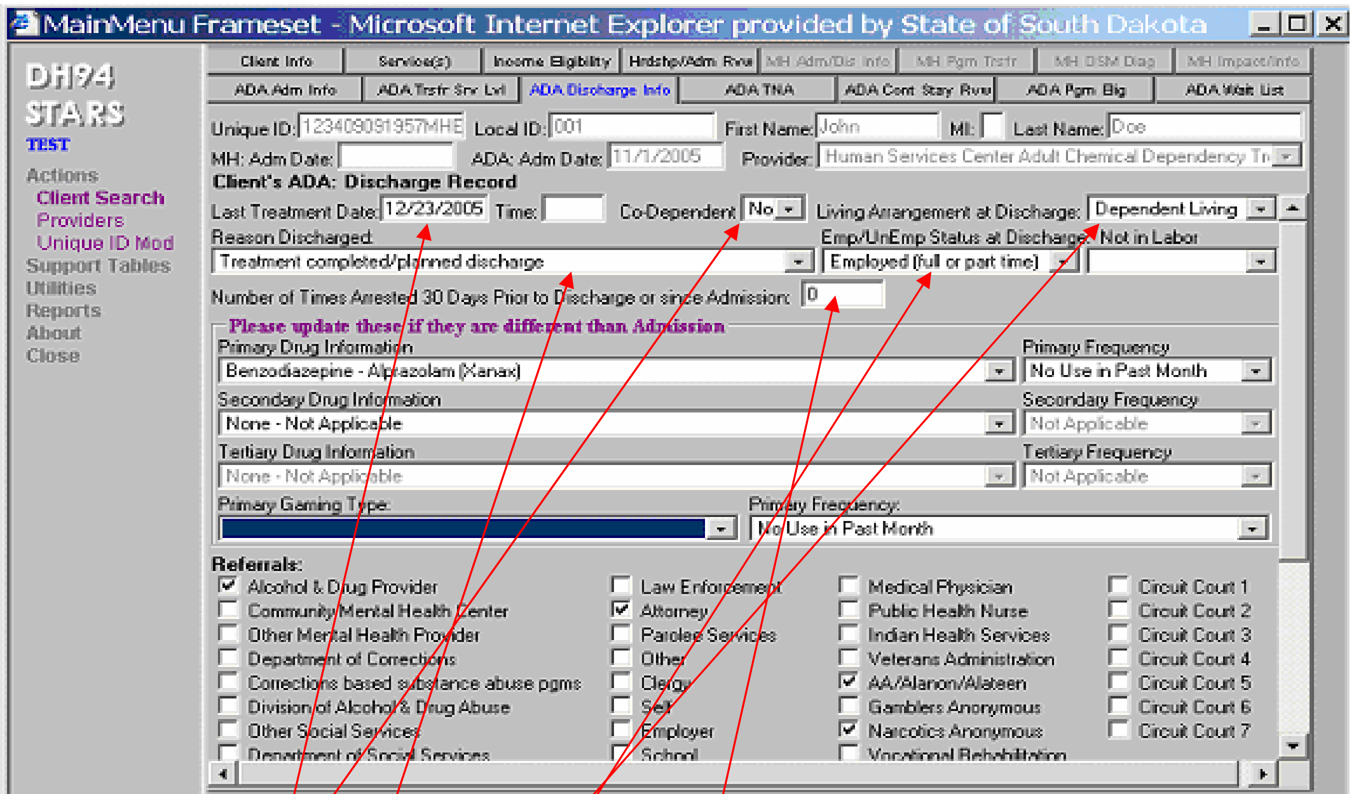
1. Enter an existing client Unique ID/Name on the Client Search Screen and click on the" Search" tab to locate an existing record. If a record exists, single click on the client record and then "Most Recent" tab which will open up the "Client Information Screen."

2. On the top menu bar of the "Client Information Screen" click on the "<u>ADA Discharge Info</u>" tab and the above screen will open up. (However if a client has not yet had an Income Eligibility and ADA Admission Information record completed, this tab will not be enabled. By completing these two records and saving both will enable the tab to allow access to the above screen.)

GENERAL INFORMATION REGARDING THE ADA DISCHARGE INFORMATION SCREEN

When a client completes a treatment service (s) at a given facility and no further treatment services will be provided by that facility, a “Client Discharge Record” is required. A “Client Discharge Record” is not required if the client is being transferred between treatment levels within the agency. In these instances, only a ADA Transfer Level Record needs to be made. A Discharge record will be required later when the client is discharged from the facility.

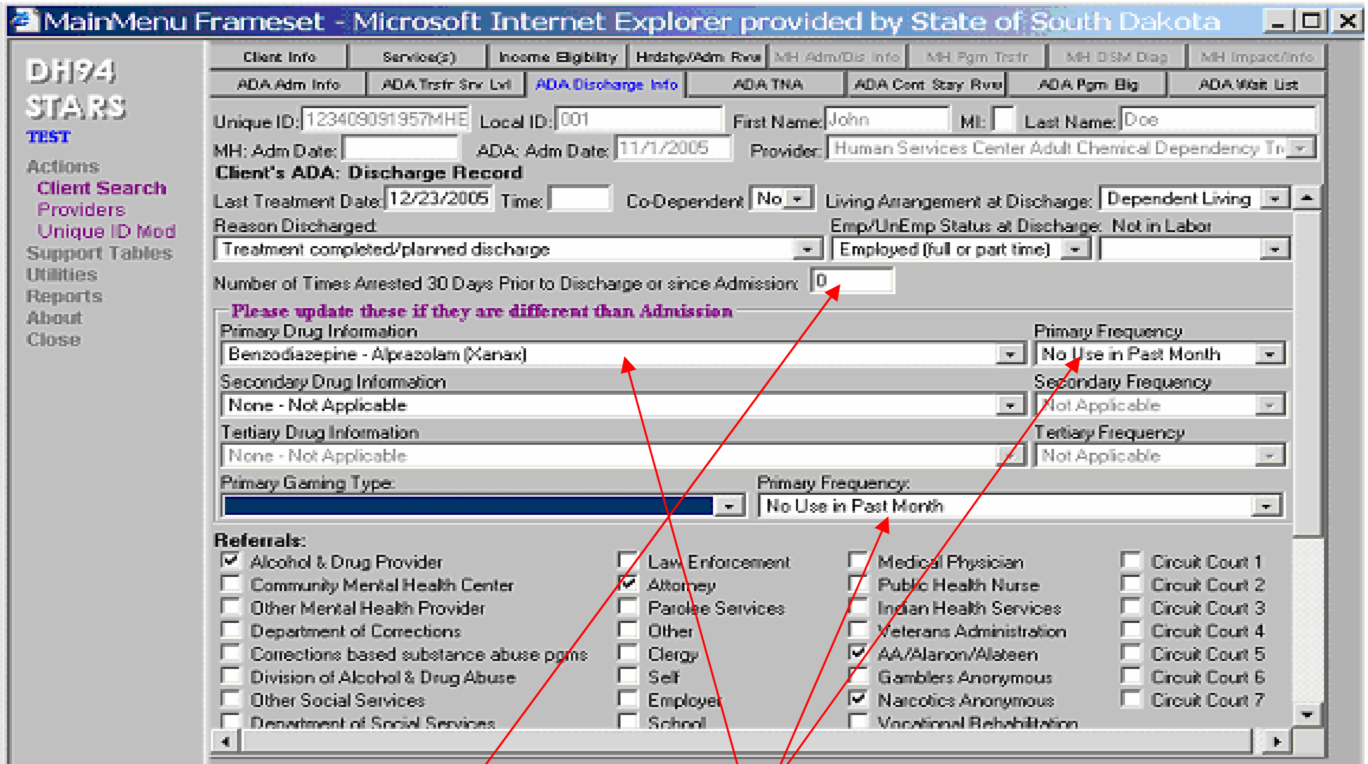
DISCHARGE INFORMATION SCREEN



To add a discharge record, complete the following steps:

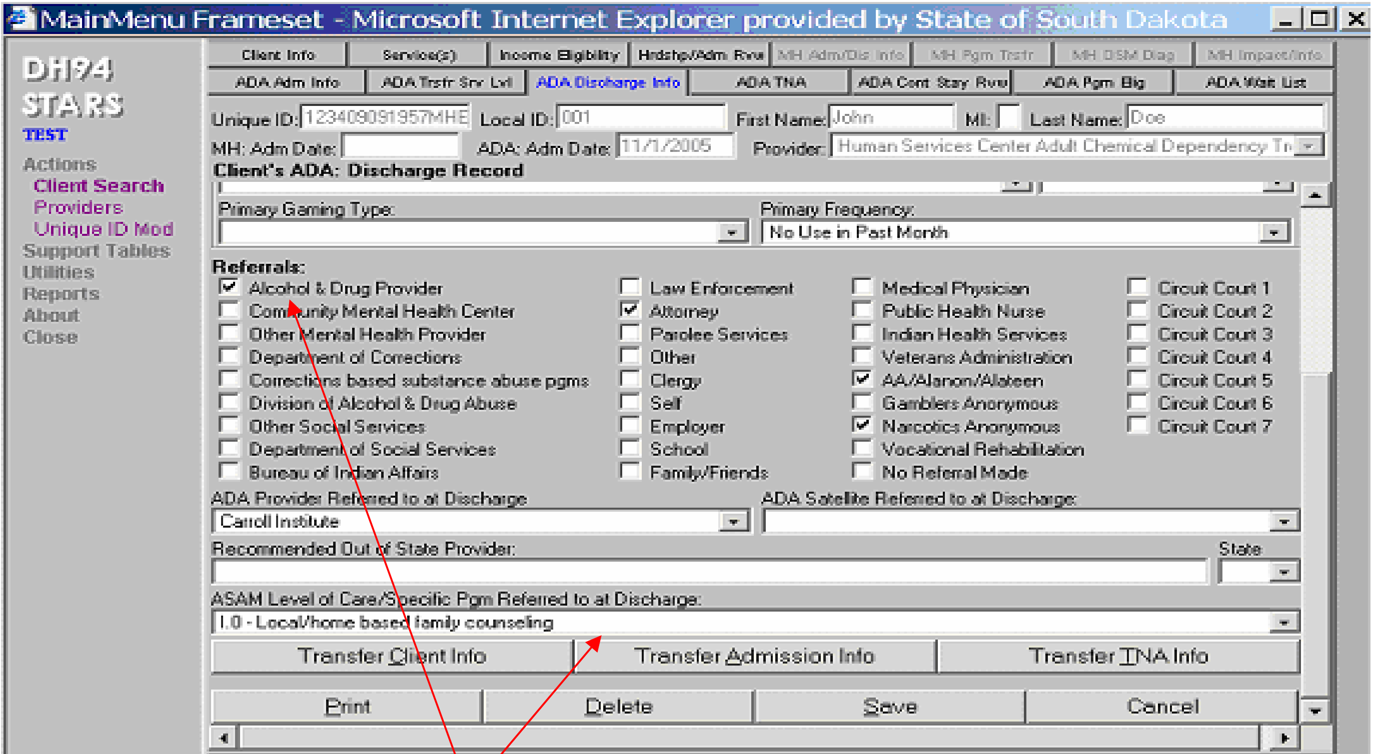
1. Enter the <u>last treatment date</u>, (time is an optional field if you wish to complete)
2. If the <u>Co-dependent status</u> hasn’t changed since admission, then enter the same response indicated on the admission record.
3. The “<u>Living Arrangement at Discharge</u>” has been reduced to three categories, so enter the one most fitting
4. Enter the <u>Emp/UnEmp Status at Discharge</u> from the selections listed in the dropdown . Complete <u>Not in Labor Force</u> if the client is not employed.
5. “<u>Reason for Discharge</u>” has multiple selections and only one response is required.
6. Enter the “<u>Number of times arrested 30 days prior to discharge or since Admission” if less than 30 days.</u>

DISCHARGE INFORMATION SCREEN



5. Enter the actual number of arrests 6 months prior to Discharge or since Admission. Place 0 if none occurred.
6. If any drugs are listed on the ADA Admission Primary, Secondary or Tertiary fields, they will be brought forward to the above listed fields. The Frequency will need to be completed for each drug that is listed. If the field is not completed on the Admission Screen, then the above field will be listed as "Not Applicable".
7. When a "Pathological Gambling" diagnosis is identified on the ADA Admission Screen in the "Gambling Diagnosis" field, a "Gambling Frequency" response is required at the time of discharge.

DISCHARGE INFORMATION SCREEN



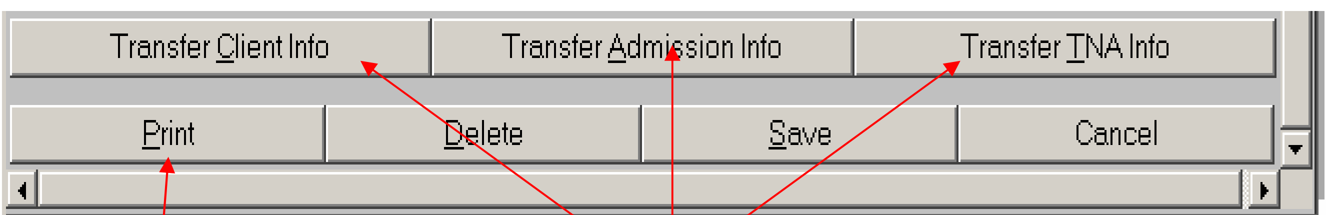
8. In the "Referral" section, mark those areas that apply to the client. When a client is being referred to an "Alcohol & Drug Provider" at the time of discharge, the ADA Provider will need to be identified. There are two options to choose from, either identify the provider from the "ADA Provider Referred to at Discharge" dropdown list or if the agency is out of the State, type the name in the "Recommended Out of State Provider" text field and enter the State from the "State" dropdown list.
9. The "ADA Satellite Referred to at Discharge" is an optional field for completion.
10. In addition, when an "Alcohol & Drug Provider" is being marked either in or out of State, an "ASAM Level of Care/Specific Pgm Referred to at Discharge" needs to be entered in this field before the record can be saved.
11. Click on "Save to retain the record
12. To delete the record, click on the "Delete" tab and the system will bring up an alert to verify the delete. Click on "Yes" to finalized the delete or "No" to maintain the record.
13. The "Cancel" tab will return to the "Client Search Screen".
14. The Delete and Transfer tabs will be enabled based on assigned user security
15. **When the referral is marked as "Alcohol & Drug Provider" the field "ADA Provider Referred to at Discharge" must be completed from the list of accredited providers. If the provider is not on the list, mark "Other" on the selection of referrals and not "Alcohol & Drug Provider" Otherwise the record cannot be saved. The field "ADA Provider Referred to at Discharge" can be left blank.**

GENERAL INFORMATION REGARDING THE TRANSFER OF CLIENT INFORMATION
Information obtained on the "Client Information Screen," "ADA Admission Information Screen" and a "ADA TNA" can be transferred to another program from the "ADA Discharge Information Screen." **Client Discharge Records cannot be transferred.** Prior to transferring this information to another provider, a release of information from the client in compliance with 42 C.F.R. Part 2 must be obtained.

To transfer a client record from the "ADA Discharge Information Screen, the following steps are required:

1. Enter an existing client Unique ID/Name on the Client Search Screen and click on the Search" tab to locate an existing record. If a record exists, single click on the client record and then "Most Recent" tab which opens up the "Client Information Screen."

2. On the top menu bar on the "Client Information Screen" click on the "ADA Discharge Info" tab which opens up the "A/D Discharge Information Screen." However if a client has not yet had an Income Eligibility and ADA Admission Information record completed, this tab will not be enabled. By completing these two records and saving both will enable the tab to allow access to the "ADA Discharge Information Screen".

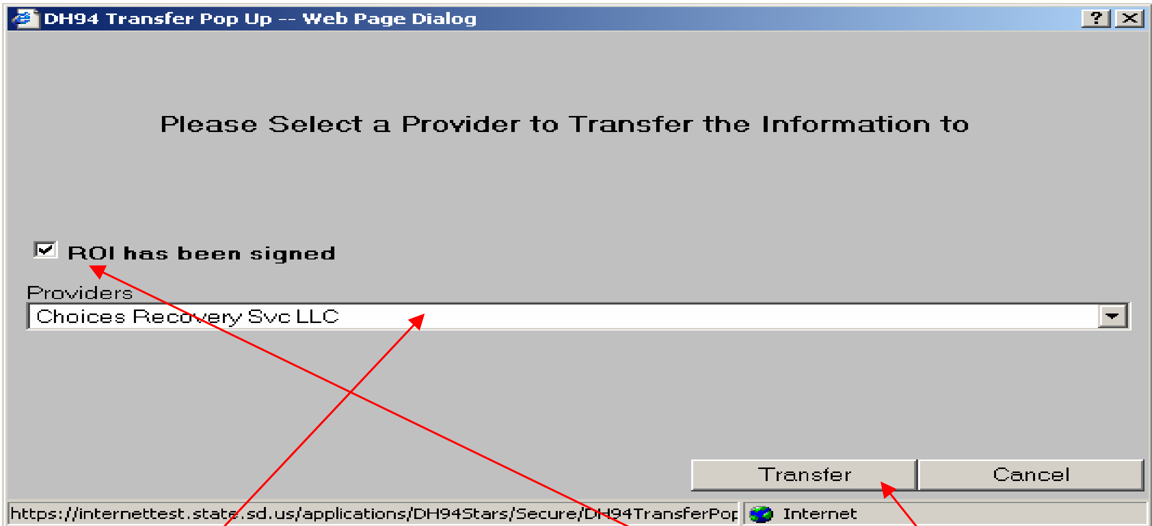


3. Scroll down to the bottom of the page and <u>select the tab</u> indicating what particular record is to be sent. Only one record at a time can be transferred.

4. When the "Transfer TNA Info" tab is selected, the most recent TNA record will be transferred to the designated facility.

5. The "Print" tab will print the discharge screen.

A/D Transfer Pop-Up



4. After clicking on the particular record to be transferred, the "ADA Transfer Pop-Up" screen will appear asking for confirmation a release of information has been obtained and a list of providers to select from.

5. Select the provider the release of information has been addressed to and click on the "Transfer" tab to transfer the record or the" Cancel" tab to return to the " Discharge Info Screen".

6. When attempting to transfer an Admission Record to a provider who already has an open admission record for this same client, a pop-up message will appear on the screen which reads "Provider already has an open Admission Record. Cannot Transfer" Click on "OK" to return to the ADA Discharge Information Screen".

7. If attempting to transfer a Client Information or Admission Information record that was previously sent to this same provider, a pop-up message will appear stating "Provider already has the Client Record". Tab on "OK" to cancel the transfer and return to the "ADA Discharge Information Screen".

8. Clicking on the "Transfer" tab will generate a pop-up message on the screen which reads "The Record has been transferred" click on "OK" to complete the transfer. The system will return to the "ADA Discharge Information Screen" and "Cancel" will return to the "Client Search Screen."

9. When transferring the ADA Admission Record to a provider who does not have either a "Client Information Record" or the ADA Adm Info record for this client, both records will be transferred to this provider even though only the "Transfer Admission Info" tab was selected. This is due to system requirements that call for all clients entered into STARS to have a "Client Information Record." However when the "Transfer Client Info" tab is selected, only this record will be transferred.

SECTION "F"
TREATMENT NEEDS ASSESSMENT

1. TNA List Screen
2. Alcohol, Drug & Gambling History Screen
3. Critical Life Areas Screen
4. ADA DSM Diagnosis Screen
5. ADA DSM Diagnostic Detail Screen
6. Gambling DSM Diagnostic Screen
7. ADA Diagnostic Summary Screen
8. ADA ASAM Recommendations Screen
9. Transfer TNA Information Screen

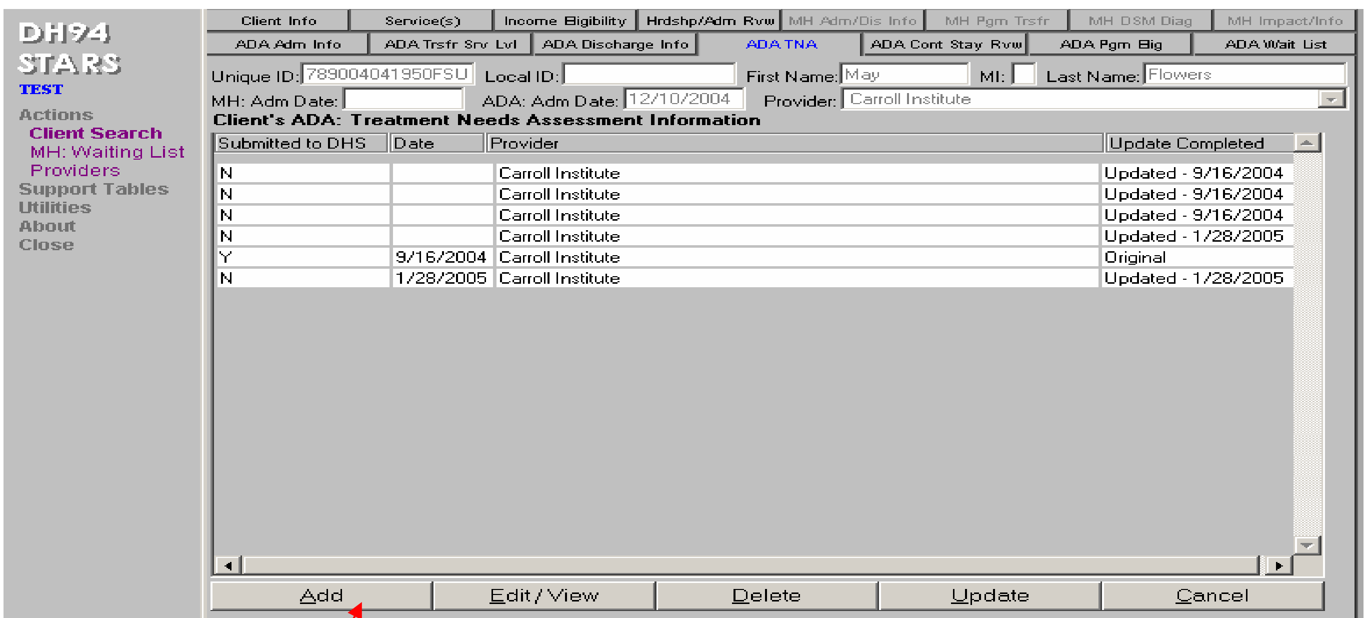
Treatment Needs Assessment

To complete a treatment needs assessment on a client for the first time, you first must enter the client into the Client Search Screen . Complete the information needed to give the client a unique ID and then click **ADD Client** tab which can be found at the bottom of the Client Search Screen.

The Client Information Screen will then appear and will need to be completed (at the minimum the highlighted required fields will need to be completed). Then, click **Save** found at the bottom of the Client Information Screen. In addition an "Income Record" will need to be completed by clicking on the "Income Eligibility" tab located on the top menu bar of the "Client Information Screen" Once the information is saved, click the ADA TNA tab which will open up the "TNA List Screen"

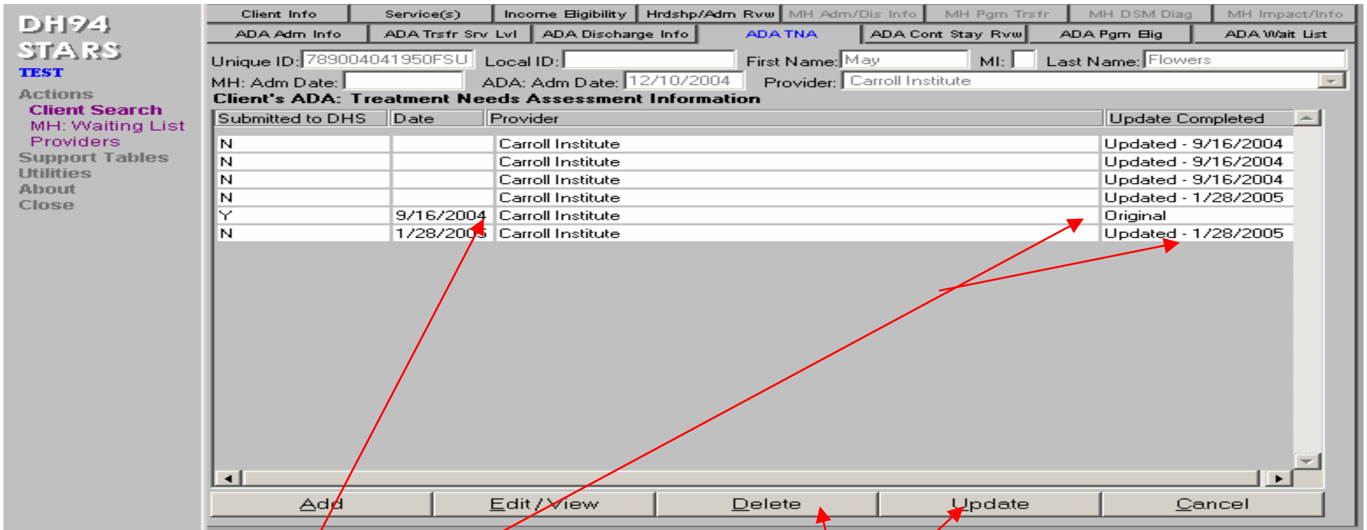
If a client already has been previously entered into STARS with a client information record and income eligibility record, locate the client from the "Client Search Screen" and click on the "Most Recent" tab located on the bottom menu of this screen. This will open up the "Client Information Screen" where the "ADA TNA" tab will be enabled on the top menu bar. Click on this tab to open up the "TNA List Screen."

TNA List Screen



If this is the **first TNA** being completed for the client, the above screen will be blank. To add a new record click on the "**Add**" tab located on the bottom menu bar which will open up the "Alcohol/Drug/Gambling History Screen." This screen will need to be completed first before the other five TNA tabs will be enabled for entering data.

TNA List Screen



TO UPDATE AN ORIGINAL TNA OR PREVIOUSLY UPDATED VERSION COMPLETE THE FOLLOWING:

If prior TNA records exists with the client, they will be identified on the TNA List Screen as either the "Original" or "Updated and date of update" To either update the original TNA or an Updated version, single click on the record and then click on the "Update" tab located on the bottom menu bar. A prompt will ask "Are you sure you want to Duplicate the entire TNA dated…" Click on "Yes" to complete the duplication process. The following fields on the updated TNA will be blanked: Date, ROI, Revoked ROI, Revoked Date, Counselor and Supervisor Counselor.

After the record has been duplicated the "Alcohol/Drug/Gambling History Screen" will open to allow for entering any updated information on this screen and the other five areas of the TNA. To switch to another page of the TNA, click on any of the TNA tabs located under the Red "Updated" Header on the page.

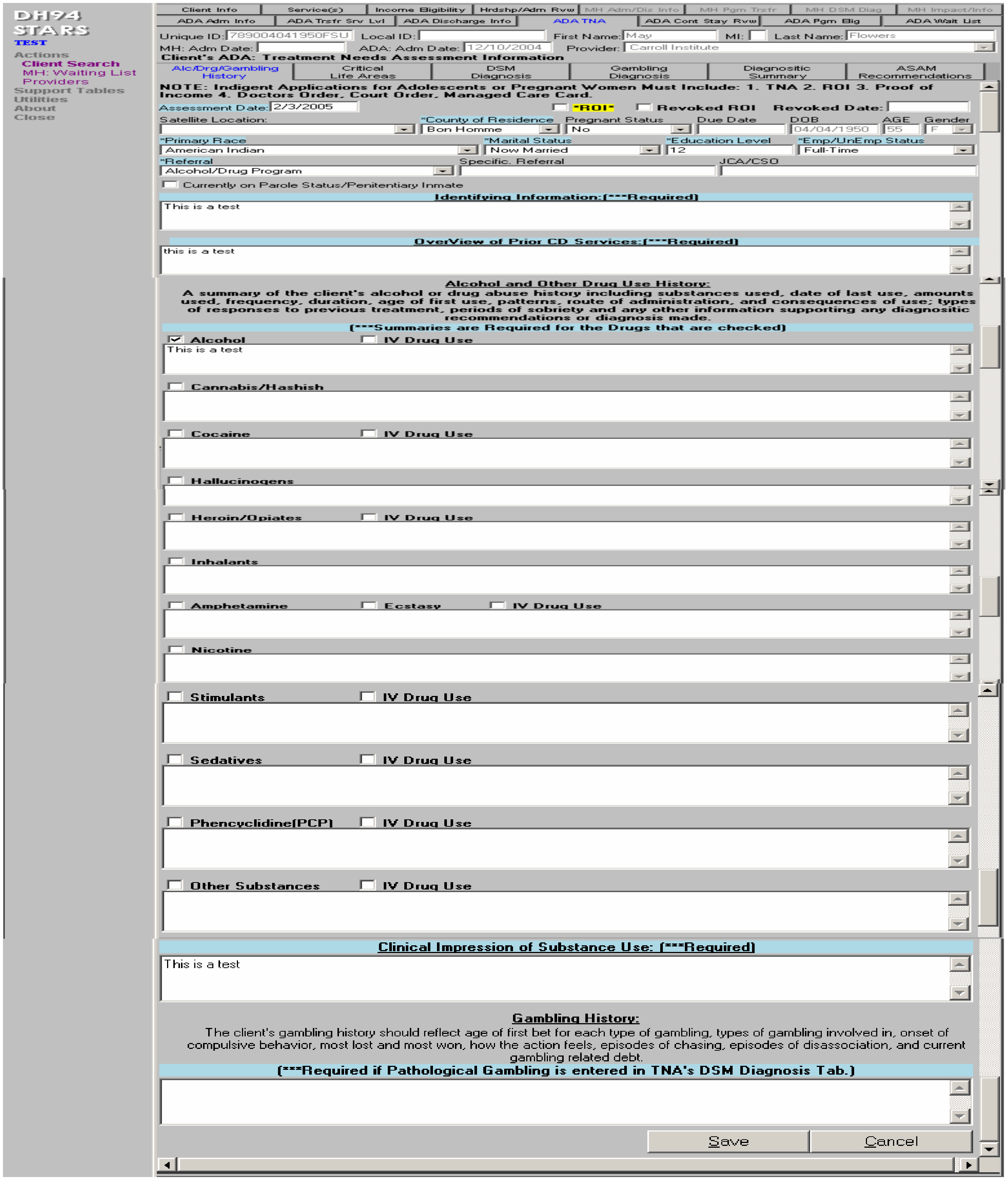
Once the TNA has been updated to your satisfaction, click on the "Save" tab located on the bottom of the "Alcohol/Drug/Gambling History Screen." The "Cancel" tab will return to the "TNA List Screen" where the record will be listed as "updated' and date of update on the screen.

To delete a TNA record, single click on the record and then click on the "Delete" tab located on the bottom menu bar. **However, there are exceptions when a record can be deleted or edited and this is explained further in the TNA Appendix.** If a TNA record has been submitted to the Division of Alcohol/Drug Abuse for program eligibility consideration, the TNA record can not be edited or deleted by the provider. The TNA List Screen will identify those records that have been previously submitted to DHS with a "Y" in the submitted column. If a record does need to be edited or deleted after submitted, the provider will need to obtain permission from the Division.

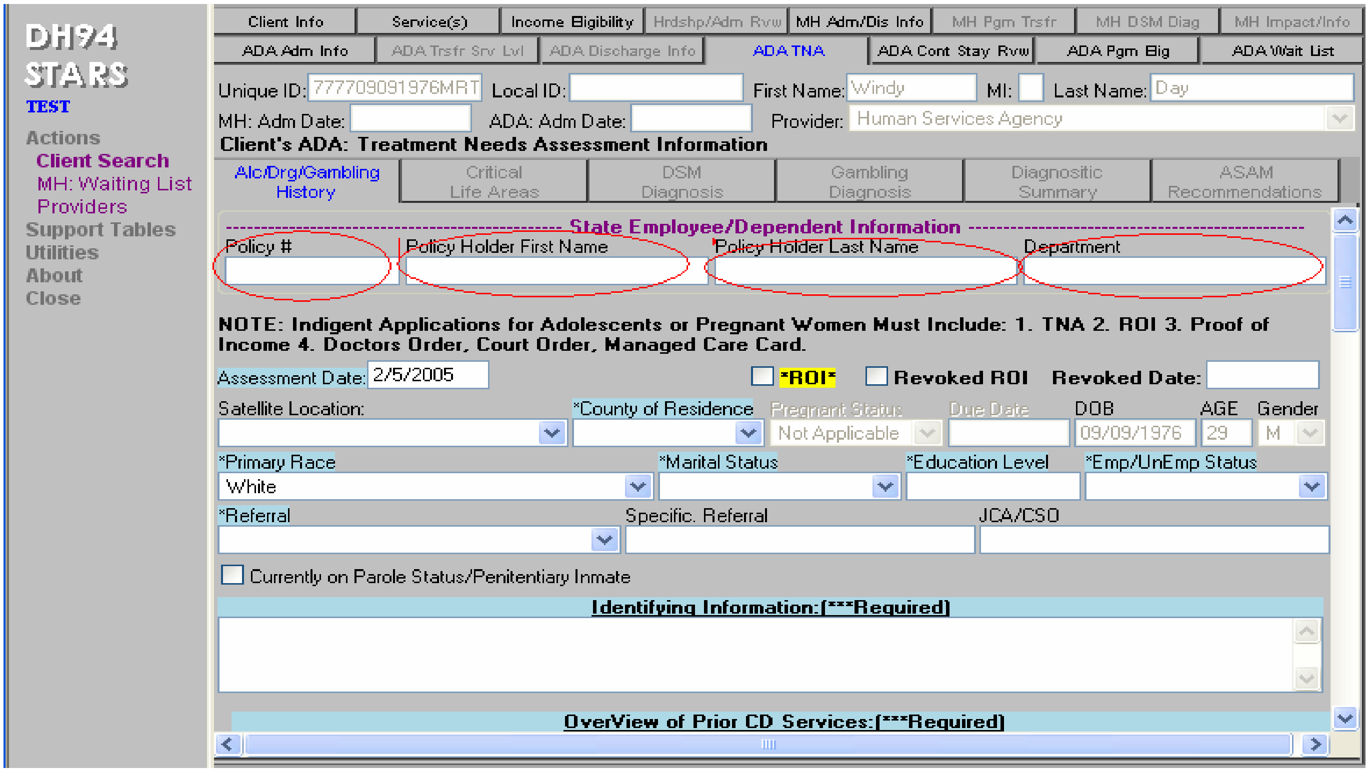
The "Cancel" tab will return to the "Client Search Screen"

The "Delete" tab on the "TNA List Screen" will be based on the assigned user security level.

ADA Client's Treatment Needs Assessment Information, Alcohol, Drug, Gambling History Screen.



Alc,Drg,Gambling History Screen



COMPLETING AN INITIAL TNA

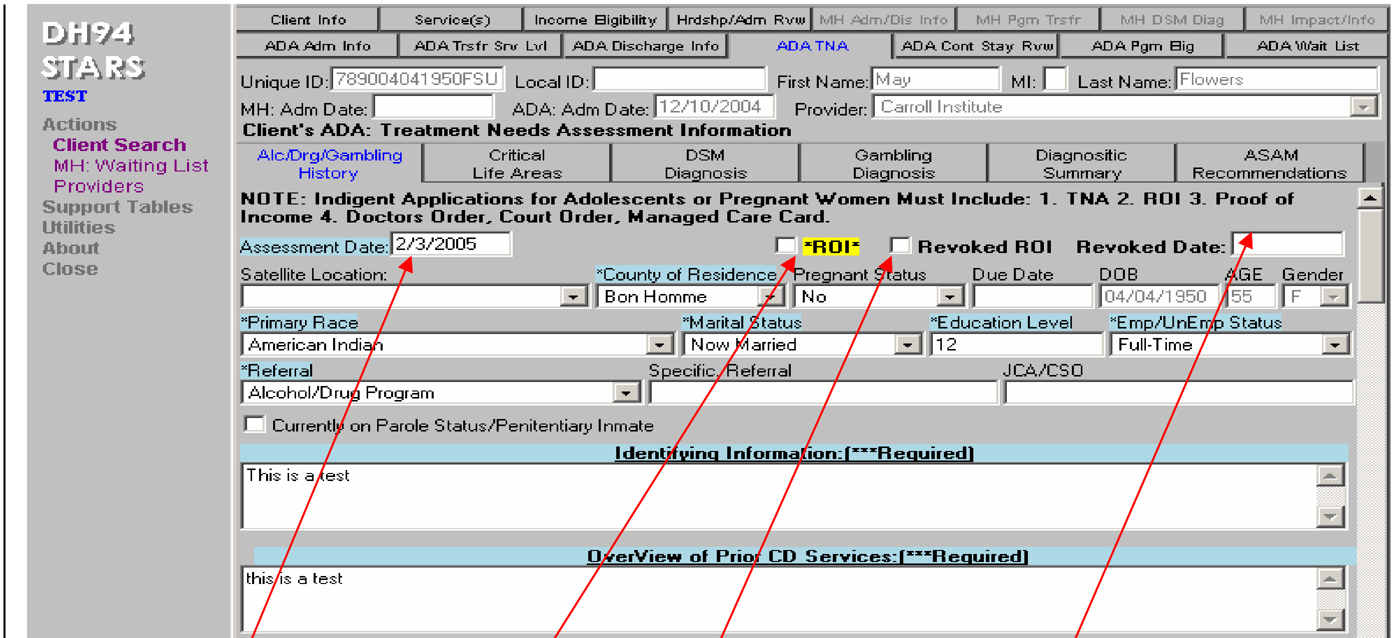
To access the Alc/Drg/Gambling History screen, click on the Add tab on the “TNA List Screen.” The “Alcohol/Drug/Gambling History Screen” can also be accessed by clicking on the Edit/View or Update tabs, but a record will first need to be selected from the “TNA List Screen.” When adding information to an initial TNA, only the 1st Tab, Alc/Drg/Gambling History Screen, will be enabled. Once this screen has been completed and saved, then all of the TNA Tab buttons will be enabled.

It is important to notice that some client information is brought forward from the Client Search Screen and is displayed at the top of the Client’s ADA Treatment Needs Assessment Information Screen, as well as the DOB, Age, Gender, and Primary Race which is brought forward from the Client Information Screen.

State Employee/Dependent Information

The following four fields circled in **RED** above: Policy #, Policy Holder First Name, Policy Holder Last Name and Department will only appear on the above screen if the funding source on the “Client Information Screen.” is identified as “State Employee Insurance”. These four fields need only to be completed when a TNA is being completed for a person with “State Employee Insurance.”

Alc,Drg,Gambling History Screen



Note: Required fields are highlighted in blue.

<u>Some of the fields will be transferred from the "Client Information Screen" so review if they may need updated.</u>

Date of Assessment: (fills in automatically or can be changed manually)

Release of Information (ROI) <u>This box must be checked</u> if the client's "Source of Payment" is either Contract, Title XIX, or State Employee Insurance. Records will be denied for these sources of payment if the ROI is not completed. The ROI cannot be unchecked after any Contract or Title XIX records have been submitted.

Revoked ROI: To revoke a ROI, the client's source of payment must be either Self-Pay/Private Pay or Other 3rd Party. If the Revoked <u>ROI is checked</u>, then the <u>Revoked date</u> needs to be completed.

Satellite Location: This dropdown is for Providers who have more than one site services are delivered.

County of Residence: From the dropdown list, enter the client's county of residence

Pregnant Status: Indicate **Yes** or **No** for females and **N/A** for men

Due Date: If pregnant, enter estimated due date

Primary Race: Choose one from the selected dropdown list

Marital Status: Indicates the client's marital status at the time of the assessment

Educational Level: Specifies the client's highest educational level completed by the client. **GED = 12** years

Emp/UnEmployment Status: Designates the client's employment status at the time of assessment.

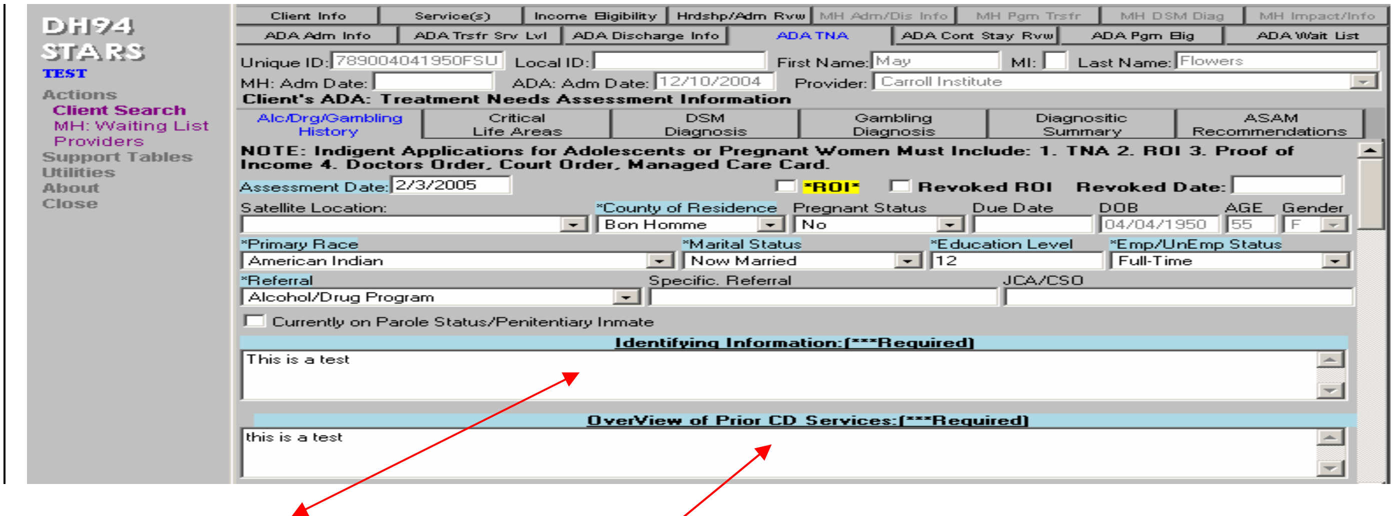
Referral: Identifies the source of the referral to the drug or alcohol abuse treatment provider.

Specific Referral: This is an optional field where a name can be entered.

JCA/CSO: This field is optional and a person's name can be entered into this field.

Currently on Parole Status/Penitentiary Inmate: Check this box if the client meets either of the two classifications.

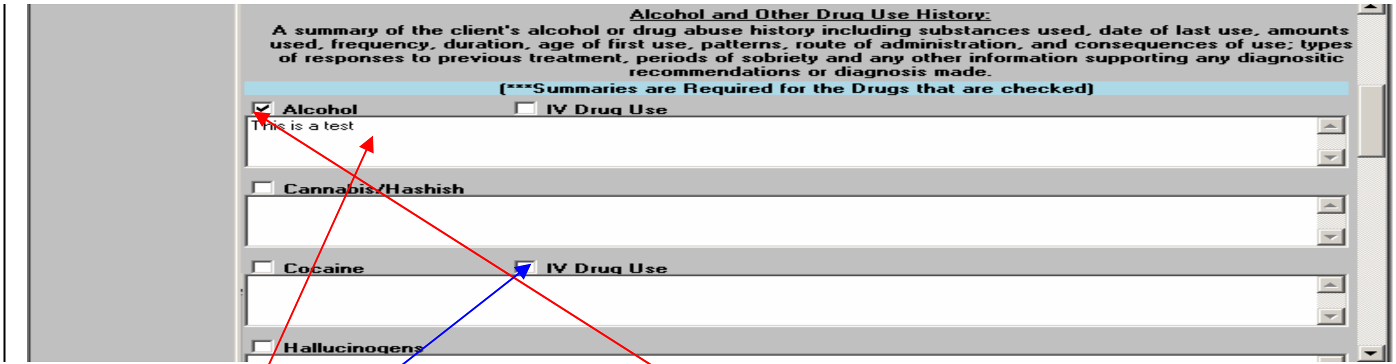
Alc,Drg,Gambling History Screen



Identifying Information: This would be a brief paragraph describing the client and how the client came to be involved with the assessment process. Some things to include are the client's age, city of residence, and with whom do they reside. Why did the client come to your facility (legal charges, parent concerned, self concern, kicked out of school, etc)? If there are legal charges what are they and when does the client go to court or what was the outcome of court if they've already been to court? Who brought the client to the facility or where did the assessment process take place (such as jail, hospital, juvenile services office, school, etc….).

Overview of Prior CD Services: This would be a history of client's chemical dependency treatment/placement history, to include any type of prevention education. Please include how the client felt about treatment and the outcome (successful versus unsuccessful discharge). Did the client think the treatment was beneficial? How long did the client remain abstinent after discharge? What does the client believe was helpful in maintaining abstinence after discharge? What is the client's perception of what led to relapse? Did the client attend continuing care, 12 step programs, and/or get a sponsor after discharge? Attendance in prior chemical dependency treatment services should be verified through collateral contact when possible.

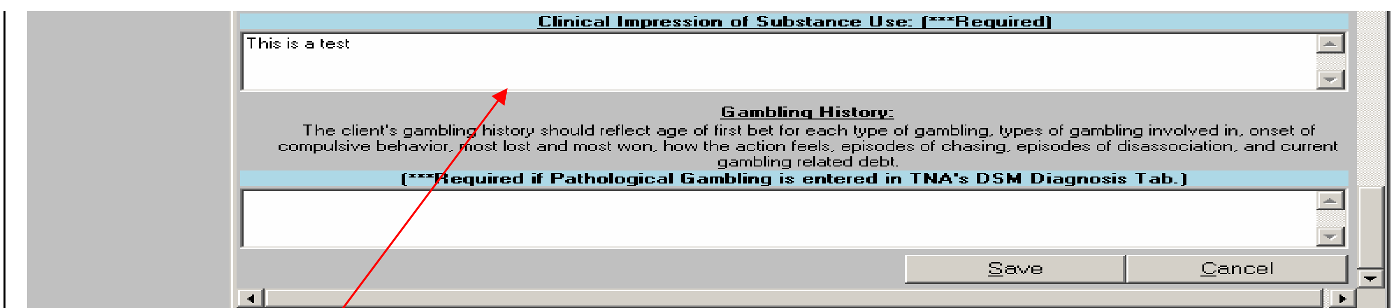
Alc,Drg,Gambling History Screen



<u>Alcohol and Other Drug Use History:</u>
For each chemical used by the client, please place <u>a check mark</u> in the box beside the chemical, located above the text box for that particular chemical. **Also, if the client used the particular chemical by IV, please check the box next to the chemical that applies. For example: If a client used Cocaine by IV, <u>check the box next to Cocaine and the box which has IV Drug Use beside</u> it.**

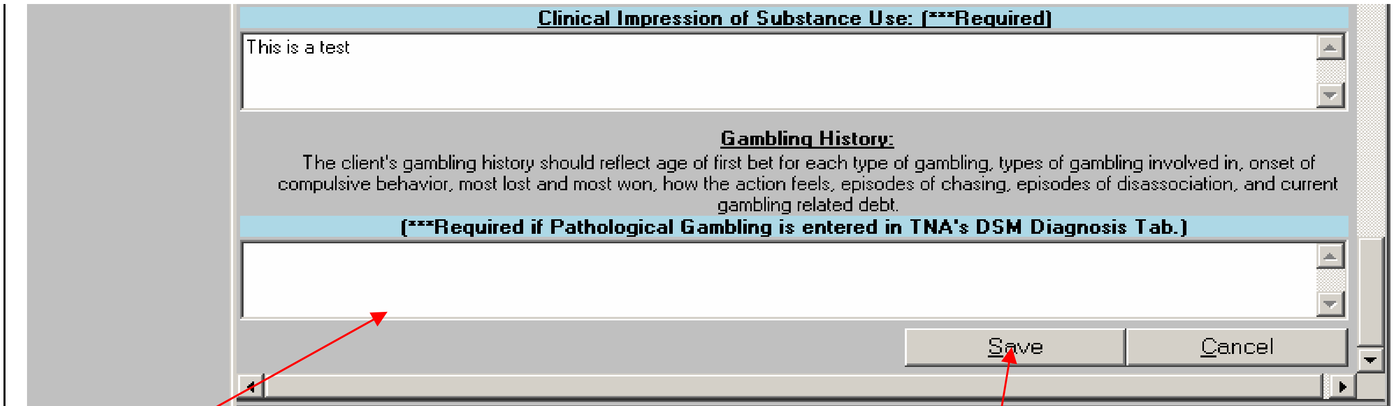
<u>Within the text box for each chemical please indicate the client's use history to include:</u>
The client's first use, date of last use, amounts used (in 2 to 5 year increments for adolescents and 5 to 10 year increments for adults), frequency of use, duration, patterns and consequences of use, types of responses to previous treatment, periods of sobriety (what did the client do during these periods of sobriety which helped them to stay sober), and any other information supporting any diagnostic recommendations or diagnosis made.

Alc,Drg,Gambling History Screen



<u>Clinical Impressions of Substance Use</u>
Please include information related to the way the client presents themselves in the counseling session, for example, were they appropriately dressed? What was the client's demeanor during the assessment (did they appear nervous, honest, dishonest, cooperative, etc)? Was the client open, cooperative, and provide adequate disclosure of significant problems or did they seem guarded and resistant to the assessment process? What is the client's own impression of the substances they use (do they believe they have problem? Do they think they can quit on their own? Do they believe their chemical use is causing problems in their lives? Etc…)? Is the client willing to attend treatment? Do they want to attend treatment or doing it because of some outside coercion?

Alc,Drg,Gambling History Screen

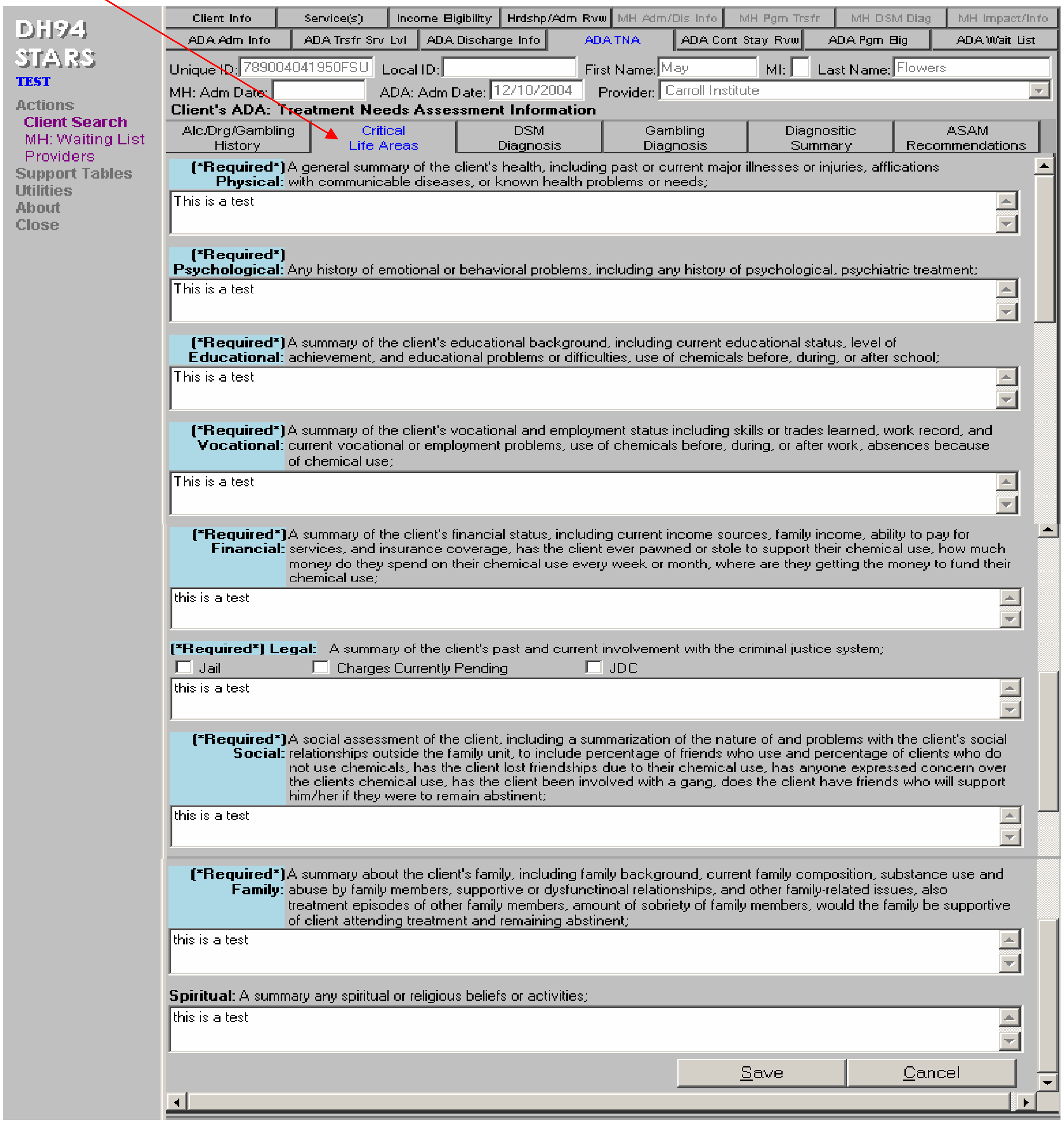


<u>Gambling History</u>
Include a history of the client's gambling behavior and include the age of first bet for each type of gambling, types of gambling the client is involved in, the onset of the compulsive behavior, the most money lost and won, how the action feels, episodes of chasing, episodes of disassociation, and current gambling related debt. . Include a detailed financial history consisting of all debts, past bankruptcies, bailouts, how money is currently handled, and possible support systems to allow the compulsive gambler to deal with financial issues without the use of large amounts of cash, checks, or credit cards.

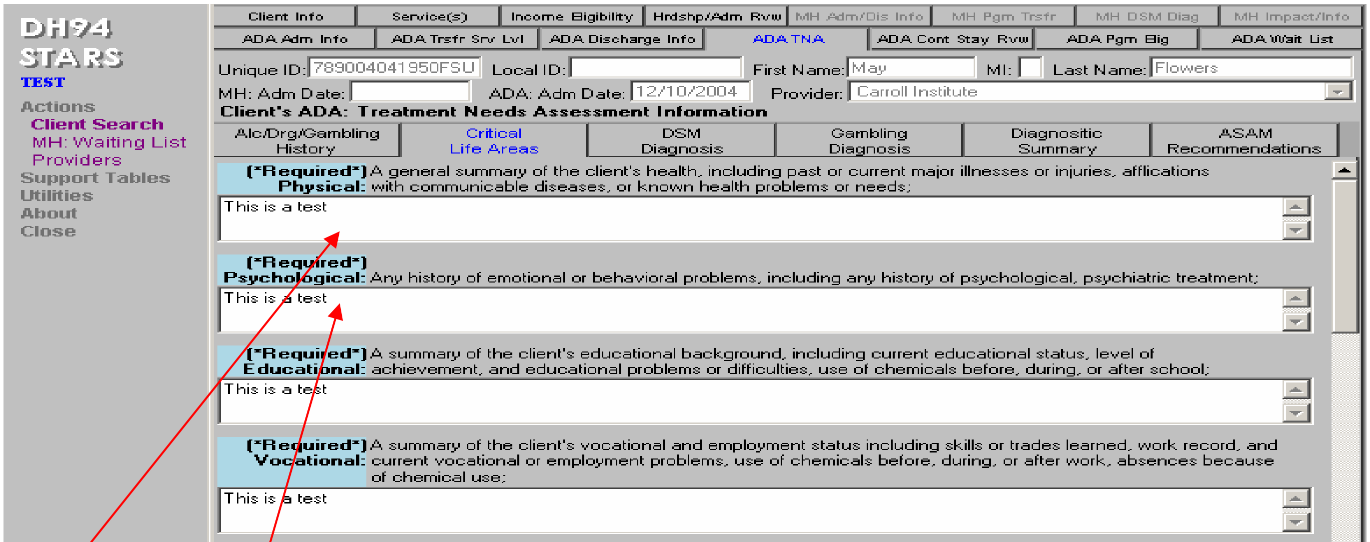
After all of the client information is entered into the system, click on **<u>Save</u>** located at the bottom of the <u>Alc/Drg/Gambling History</u> Screen to save the information. If <u>Cancel</u> is entered, none of the information you have entered will be saved and the user will be taken back to the "ADA TNA List Screen".

ADA: Critical Life Areas Screen

To continue to enter data into the Treatment Needs Assessment after it has been ***Saved***, click the Critical Life Areas tab in under the main ADA TNA tab.



Critical Life Areas Screen



<u>Physical:</u> A general summary of the client's health, including past or current major illnesses or injuries, afflictions with communicable diseases, or known health problems or needs.

Suggestions: Information consisting of the biomedical conditions/complications related to the client's substance use such as hallucinations, diabetes, liver problems, high blood pressure, nausea vomiting, convulsions, DT's. Include possible withdrawal symptoms related to gambling behavior, along with stress related and stress induced problems._

Additionally, has the client ever overdosed or gone to an emergency room because of their chemical use? If yes, when? Has the client experienced withdrawal other than those mentioned above? If so, what were they and when was the most recent experience. Has the client been tested for HIV/AIDs? When? When did they have their last TB Screen completed? Is the client taking any medications? If so, what are they taking and for what condition? Is the client pregnant? Has the client ever had a head injury? If yes, when? Was the client unconscious? How long? Is the client currently under the care of a physician for infectious disease, sexually transmitted disease, traumatic injury, continuing illness, or dental problems? The general health summary should be verified through collateral contact when possible. This is beneficial in terms of medication compliance

<u>Psychological</u>: Any history of emotional or behavioral problems, including any known history of psychological, psychiatric treatment.

Suggestions: Worthwhile information to include in this field would consist of the client's past history of therapy and/or counseling (include individual, family, and group, etc) also include a general idea of when those episodes took place and why the client attended therapy. Include the number of mental health hospitalizations, if any, and what happened that hospitalization was necessary. Is the client receiving current therapy/counseling? If yes, who are they seeing and how often are they seeing them?

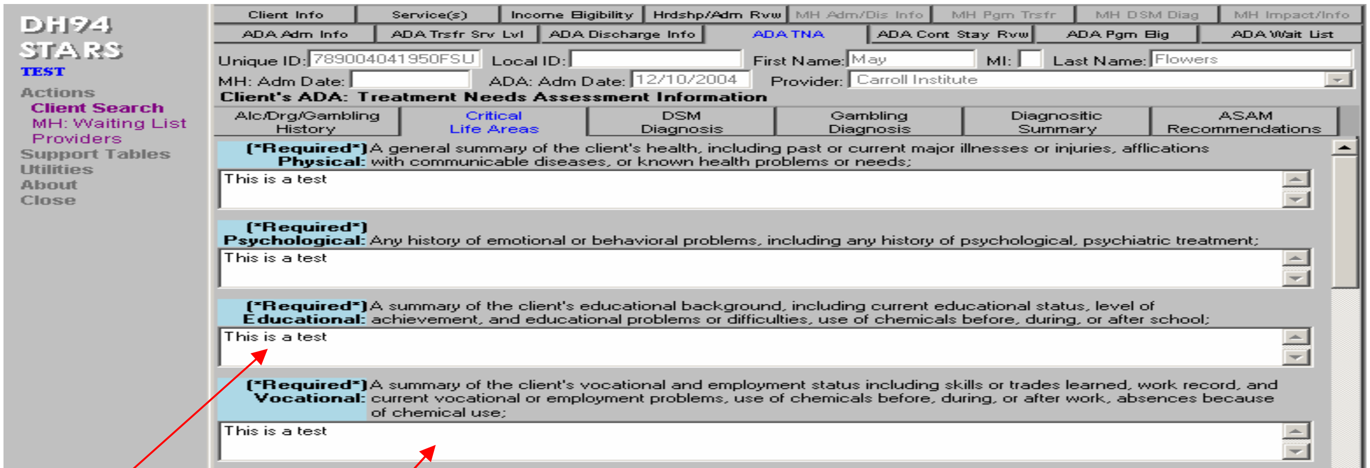
History of past suicide ideation/attempts and self harm behaviors, to include when, where, how, and if hospitalization occurred as a result of the behavior. Is the client currently suicidal? Do they have a plan? Is the client currently reporting self harm behaviors? If yes, what type?

Is the client currently, or has the client in the past, felt homicidal? If yes, when, where, was there/is there a plan as to how the client would carry out the homicide?

Has the client ever been physical/emotional/sexually abused in the past or currently? (If yes, was proper notification made. Does the client report any grief or loss issues?

Is the client exhibiting hostility or aggressive behavior, withdrawal or isolation from others, possible depression, fear of others, or obsessive, ruminating, or anxiety producing thoughts?

Critical Life Areas Screens

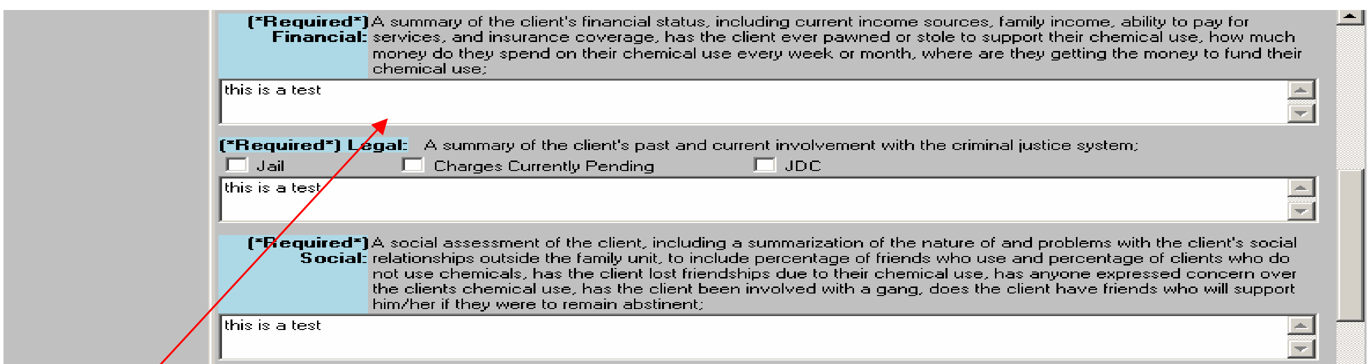


<u>Educational</u>: A summary of the client's educational background, including current educational status, level of achievement, educational problems or difficulties, as well as educational goals. Include any suspensions or expulsions that resulted from the client's chemical use in addition to the client's use of chemicals before, during, or after.

Suggestions: Does the client have any reading, writing, or hearing problems? If the client dropped out of school does he/she plan on obtaining their GED? What are the client's educational goals for the future, if any? Has the client been suspended or expelled from school? If yes, when and why were they suspended or expelled and for how long?

<u>Vocational:</u> A summary of the client's vocational and employment status including skills or trades learned, work record, and current vocational or employment problem. Include the use of chemicals before, during, or after work, as well as any absences, suspensions, probations or discharges due to client's chemical use or gambling behavior.

Suggestions: Did the client ever receive warnings and/or get fired due to chemical use? If yes, when, what happened? Does the client have any future plans or goals? If yes, how does the client plan on achieving those goals?

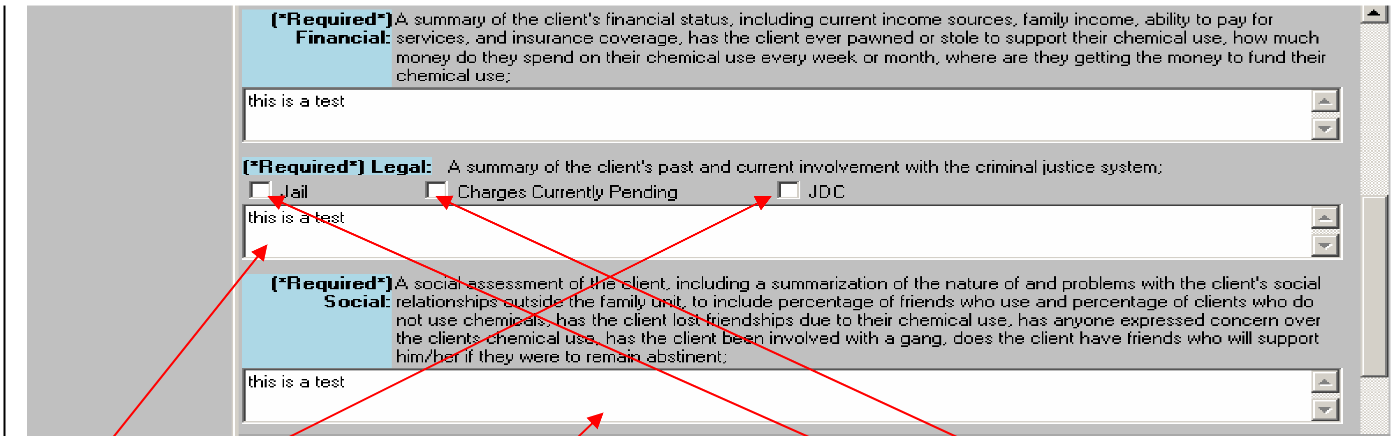


<u>Financial:</u> A summary of the client's financial status, including current income sources, total family income, ability to pay for services, and insurance coverage.

Incorporate the funding source the client has utilized to support their chemical use and or gambling behavior to include stealing or pawning items to support chemical use and gambling behavior. Also include the amount of money spent on chemical use and or gambling behavior per episode, per week, or month.

Suggestions: Gambling related financial information can be placed in the Gambling History section.

Critical Life Areas Screen



<u>Legal</u>: Along the top of this field are three boxed fields entitled <u>Jail</u>, <u>Charges currently pending</u>, and <u>JDC</u>. If the client is in jail, has current charges pending, or in JDC, please click on the appropriate box.

In the text field, include a summary of the client's past and current involvement with the criminal justice system.

Suggestions: Include history of past charges and dispositions, current and pending charges, pending court dates. Was the client placed on probation? If yes, for how long? Is the client currently on probation or parole? Incorporate the name of the client's supervising probation, parole, or juvenile corrections agent if they are currently in the court or corrections system Has the client ever been in an out of home placement due to legal problems? If yes, when did they go to an out of home placement and what was the reason for the out of home placement?

<u>Social</u>: A social assessment of the client, including a summarization of the nature of and problems with the client's social relationships outside the family unit, to include percentage of friends who gamble, who use, and do not use chemicals. Include the number of lost friendships due to gambling or chemical use, expressed concern over the clients gambling behavior or chemical use, gang involvement, and list of friends the client trusts and who will support the client if they were to remain abstinent from gambling or chemical use. Also incorporate activities the client enjoys for fun and relaxation

Suggestions: Is the client a gang member? Which gang is the client affiliated with? What was the client's age at first involvement? Is the client a current gang member?

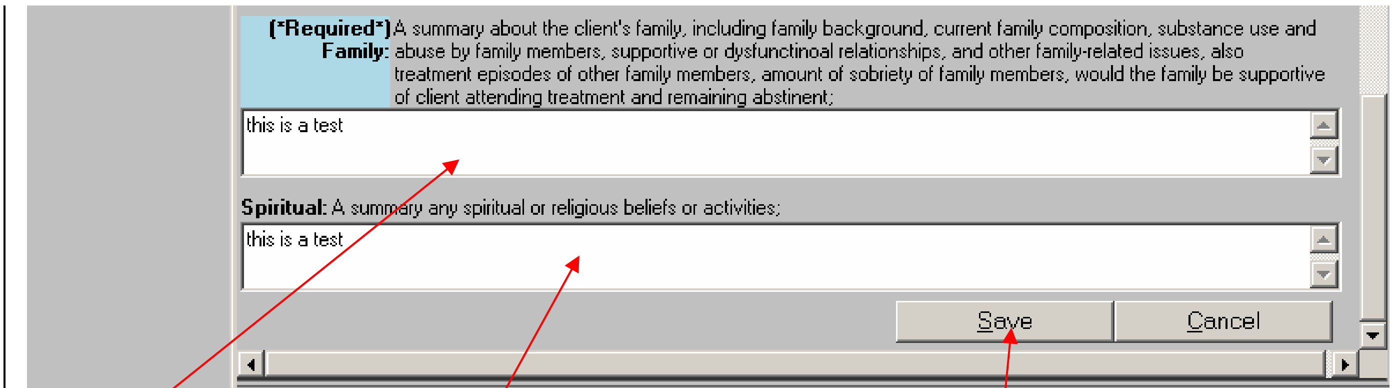
What kind of activities does the client participate in that <u>do</u> and <u>do not</u> involve using chemicals? Does the client have friends that have problems with chemicals?

What is the client's sexual orientation? Does their sexual orientation cause them problems? Are they sexually active?

Does the client feel there is a particular form of support from their community they can use as a support for recovery? Has the client ever attended 12 step meetings? If yes, what was their perception of the experience? How long and how often did they attend? Did they obtain a sponsor? Did they have a home group? Has the client ever been involved in a support group? If yes, what type of support group?

Does the client feel safe in their social environment? Do they feel they are being stalked or harassed by anyone? Does the client have any sober friends that can be relied on for support if they were to quit using chemicals? Does the client have friends she/he can trust and can go to when problems arise? If yes, who? What are the client's hobbies? What does the client do for fun and relaxation?

Critical Life Areas Screens



<u>Family:</u> <u>:</u> A summary about the client's family, including family background, current family composition, gambling involvement or substance use and abuse by family members, supportive or dysfunctional relationships, and other family-related issues. Also include treatment episodes of other family members, amount of sobriety or abstinence of family members, supportive or dysfunctional relationships in regards to the client attending treatment and remaining abstinent, and other family-related issues.

Suggestions: Who are the family members that have received treatment for their chemical use? Is anyone in the client's family concerned about the client's use? Have the client describe their relationship with their parents/guardians and/or spouse. Is the client married? Does the client have children? If yes, how have the children been affected by the client's chemical use? If an adolescent, is the client's parent's married? If not, have they ever been married? Are they divorced? If yes, when did they get divorced? How does the client feel about his/her parent's divorce? Does the client get to the see the non-custodial parent? If yes, how often?

Does the client's parents/spouse agree with the need for treatment? Is the family willing to participate with the client in treatment? Does the client feel his/her immediate family will be supportive of abstinence?

Who does/did the client feel closest to and trust, in his family? Why?

<u>Spiritual:</u> A summary of any spiritual or religious beliefs or activities to include beliefs about a higher power, religious affiliation both in the past and currently.

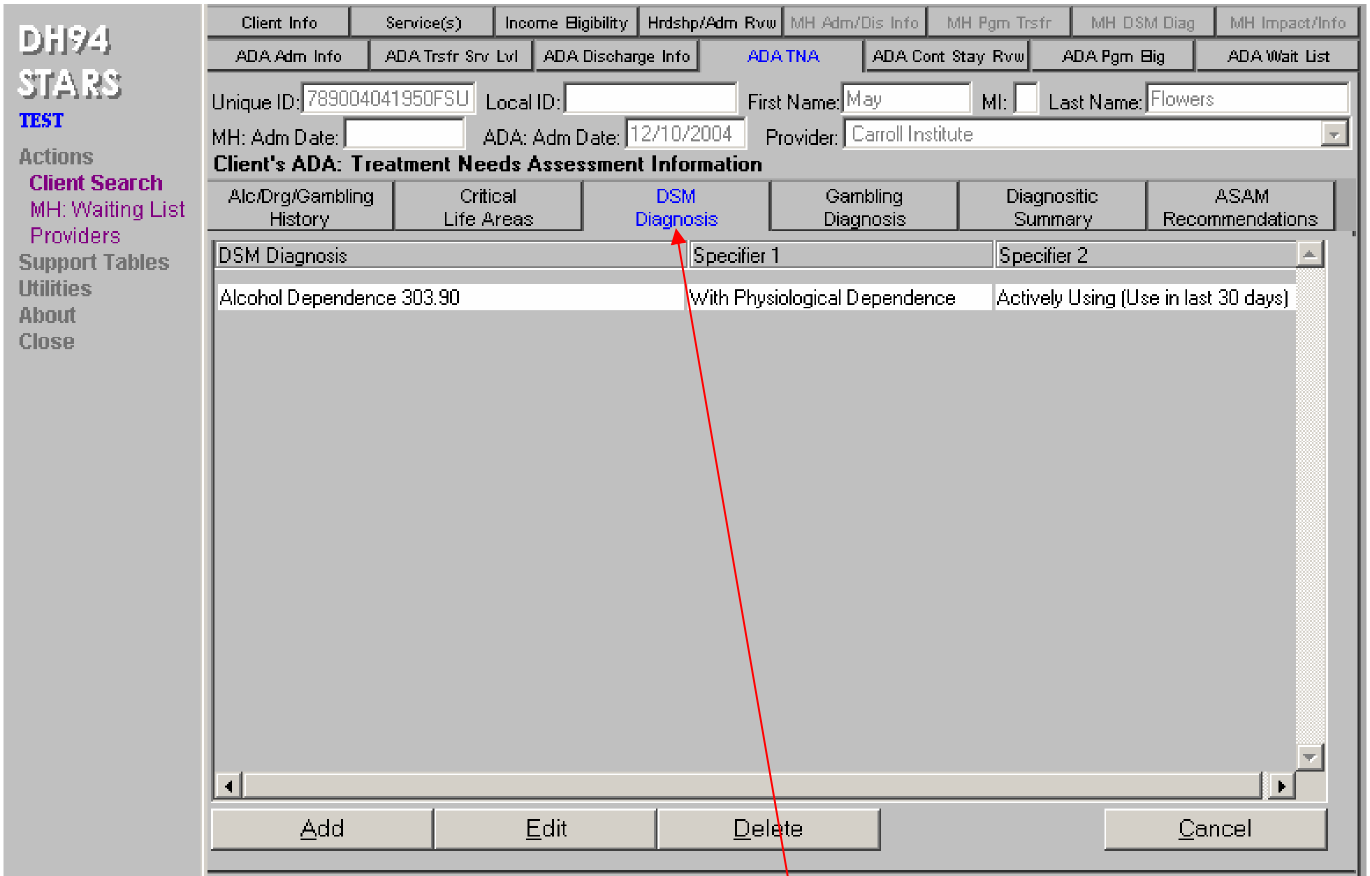
Suggestions: Does the client now, or in the past, believe in a higher power? Has the client ever been affiliated with any religion? When? Are they still affiliated? Why or why not? Does the client attend religious activities? How often? Does the client report hope about the future?

After entering client information into the Critical Life Areas, click **<u>Save</u>** located at the bottom of the Critical Life Areas Screen to save the information.

This tab will save even if information is not found in each of the required fields. However, information must be entered in each of the required field before the user will be able to S*ign* the TNA.

If Cancel is clicked, none of the information entered in the Critical Life Areas tab will be saved and the user will be taken back to the "ADA TNA Screen."

ADA: DSM Diagnosis Screen

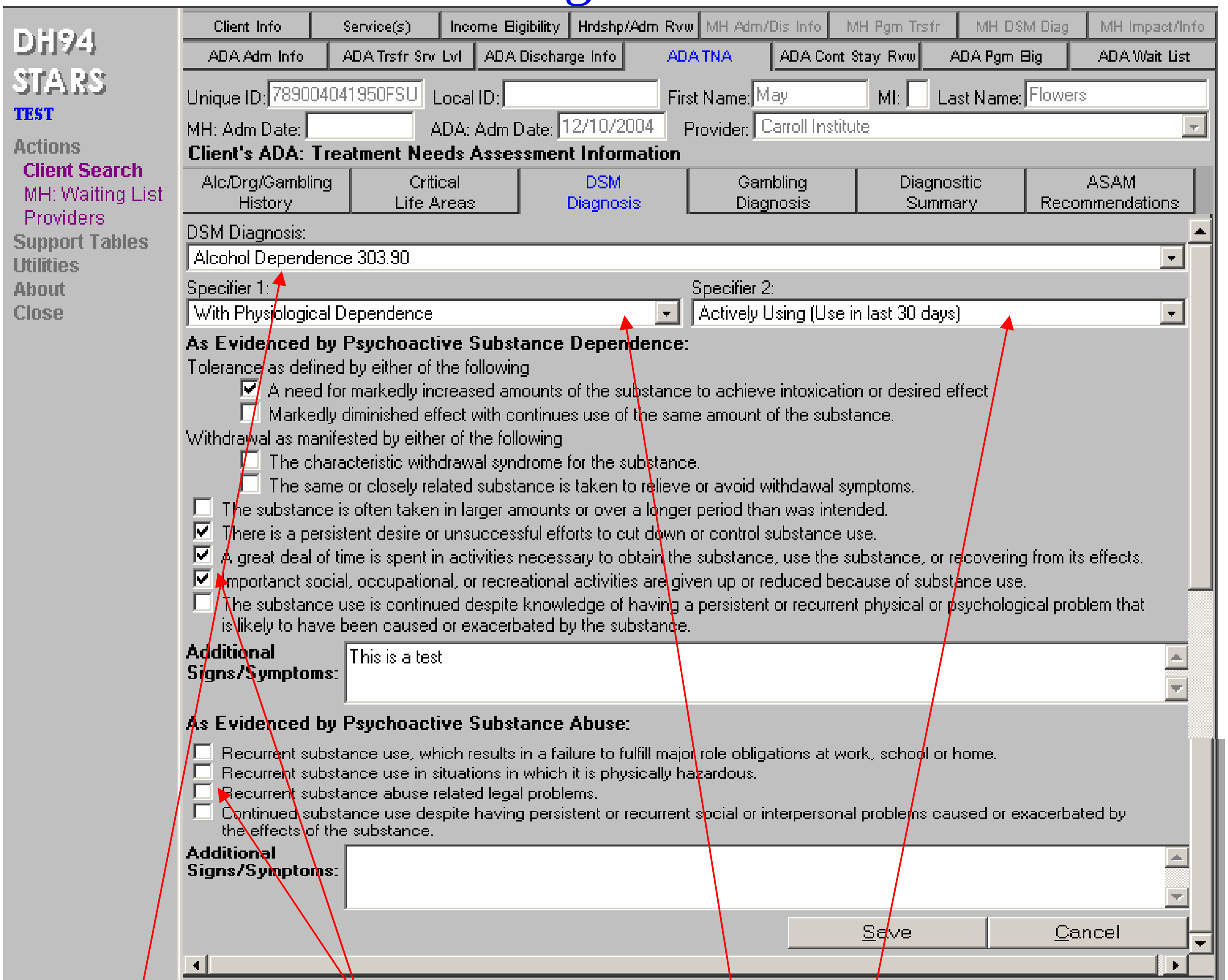


In order to go to the DSM Diagnosis Screen, tab the DSM Diagnosis Tab under the main ADA TNA Information Tab.

If this is an Initial TNA, the DSM Diagnosis List Screen will be blank. At the bottom of the screen are four command buttons –

"**Add**" will go to the DSM Diagnosis Detail Screen to *Add* a Client's DSM Diagnosis Information.
"**Edit**" will go to the selected DSM Diagnosis Detail Screen to *Edit* a Client's DSM Diagnosis.
"**Delete**" will *Delete* the selected DSM Diagnosis.
"**Cancel**" will go to the ADA TNA List Screen.

ADA: DSM Diagnosis Detail Screen



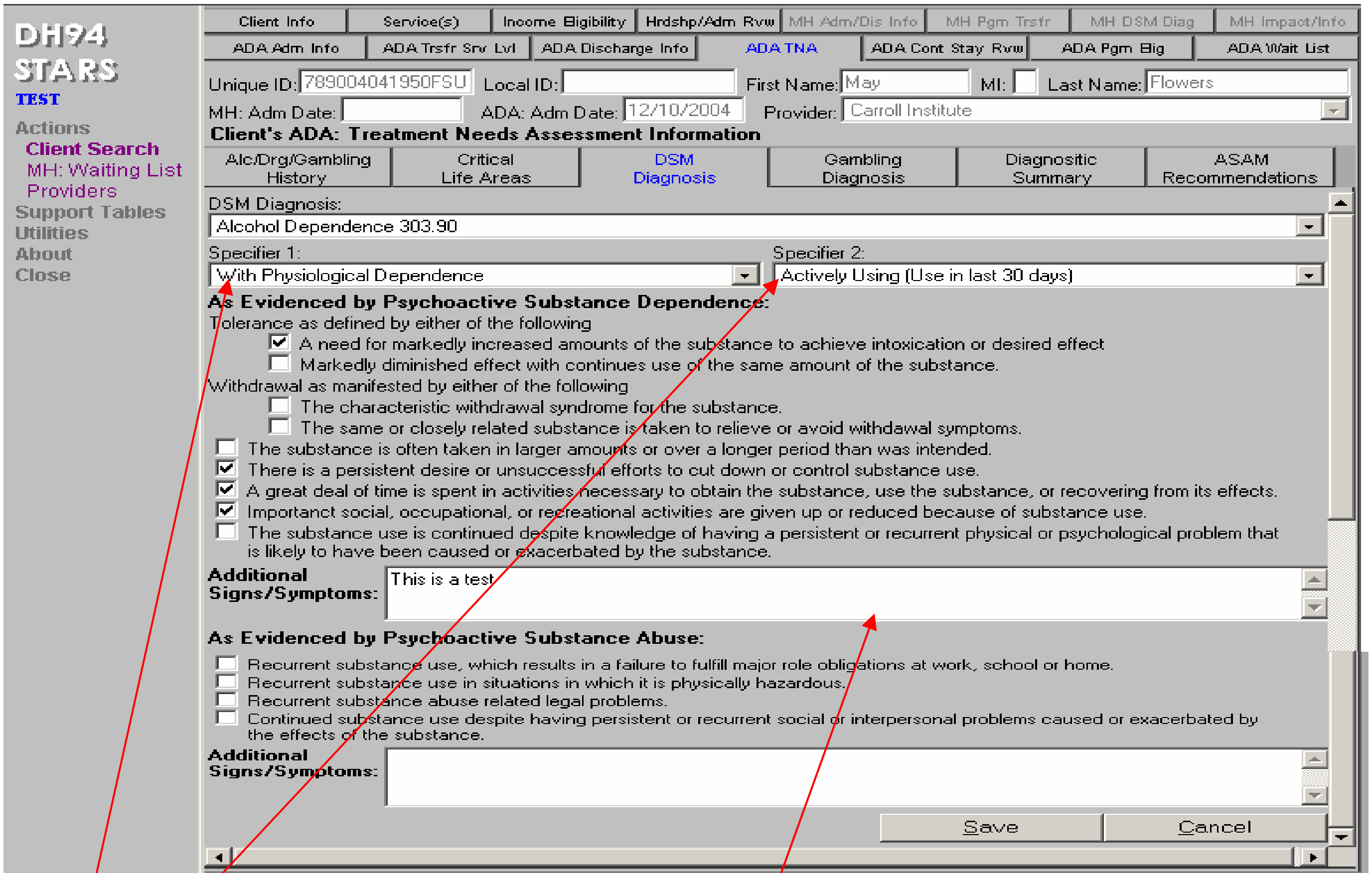
To access the "ADA: DSM Diagnosis Detail Screen" click on the "**Add**" tab on the bottom of the "DSM Diagnosis List Screen" Or single click on a DSM diagnosis record and click on the"**Edit**" tab located on the bottom menu bar.

DSM Diagnosis: This drop down box contains a list of DSM Diagnosis for Alcohol and Drug dependency, as well as the 'No diagnosis or Condition V71.09' and 'Diagnosis or Condition Deferred 799.9' Codes.

Click on the appropriate DSM Diagnosis for the client. That diagnosis will then fill the field labeled **DSM Diagnosis**: No less than **three** dependence criteria can be used to substantiate a Dependency diagnosis.

In regards to a Substance Abuse diagnosis, at least **one** criteria needs to be marked in the Substance Abuse check boxes and there can not be any specifiers listed in the above fields.

DSM Diagnosis Detail Screen



Specifier 1: This drop down box refers to evidence/lack of evidence of tolerance or withdrawal. Select Specifier 1 by clicking on one of the options on the drop down list.

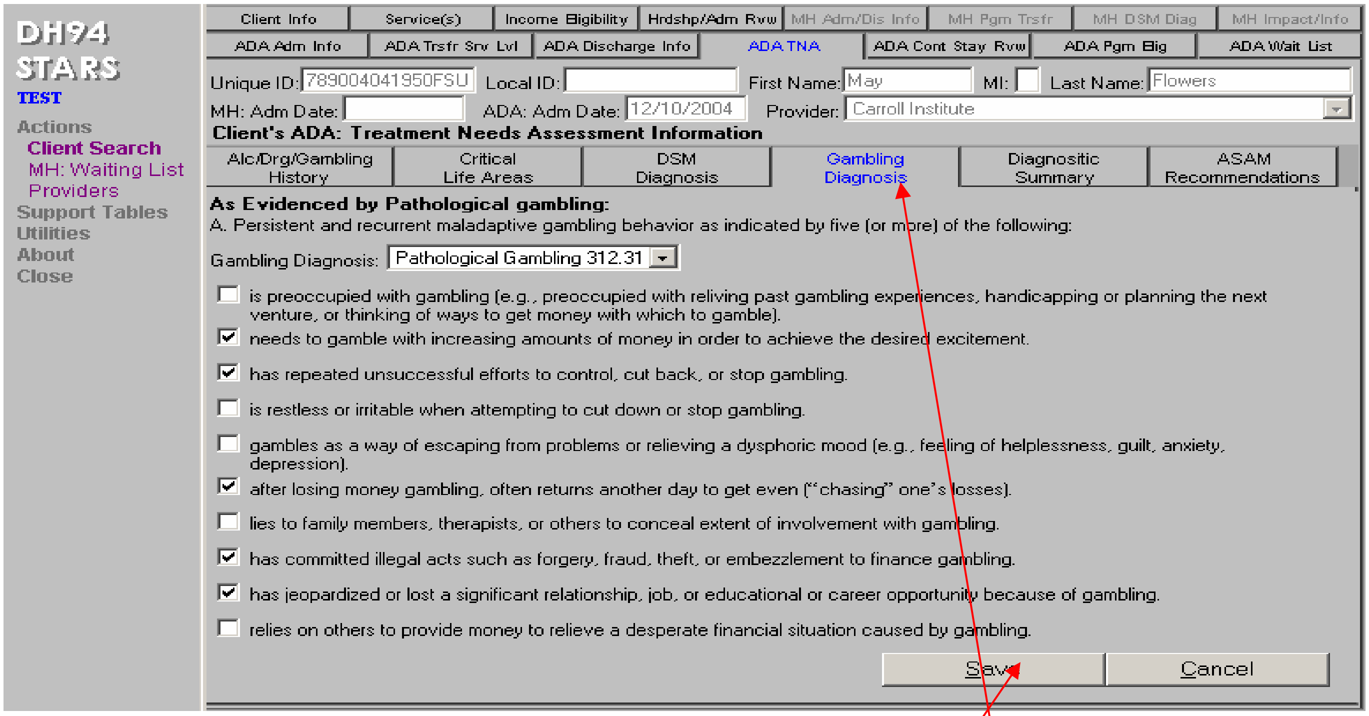
Specifier 2: This drop down box refers to the six course specifiers available for substance dependence. Select Specifier 2 by clicking on one of the options in the drop down list.

"As Evidenced by Psychoactive Substance Dependence": Click the boxes adjacent to the criteria which substantiate the DSM diagnosis for each client. If there is other information about the clients chemical use **or** if a client's diagnosis is **Polysubstance Dependence**, enter the three drugs that pertain to this diagnosis to support the dependence diagnosis in the text box entitled '**Additional Signs/Symptoms'**.

As Evidenced by Psychoactive Substance Abuse: If the client has an abuse diagnosis, select the boxes adjacent to the criterion that substantiates the abuse diagnosis. If there is other information to add in support of the abuse diagnosis, enter it in the **"Additional Signs/Symptoms"** Text Box.

In order to save the DSM Diagnosis, click on **SAVE** at the bottom of the DSM Diagnosis Detail Screen. If **Cancel** is clicked, all of the information entered in the DSM Diagnosis Detailed Screen will be lost and the user will be taken back to the DSM Diagnosis List Screen.

ADA: Gambling Diagnosis Screen



In order to access the "Gambling Diagnosis Screen" click on the "Gambling Diagnosis Tab" on the main ADA TNA menu bar.

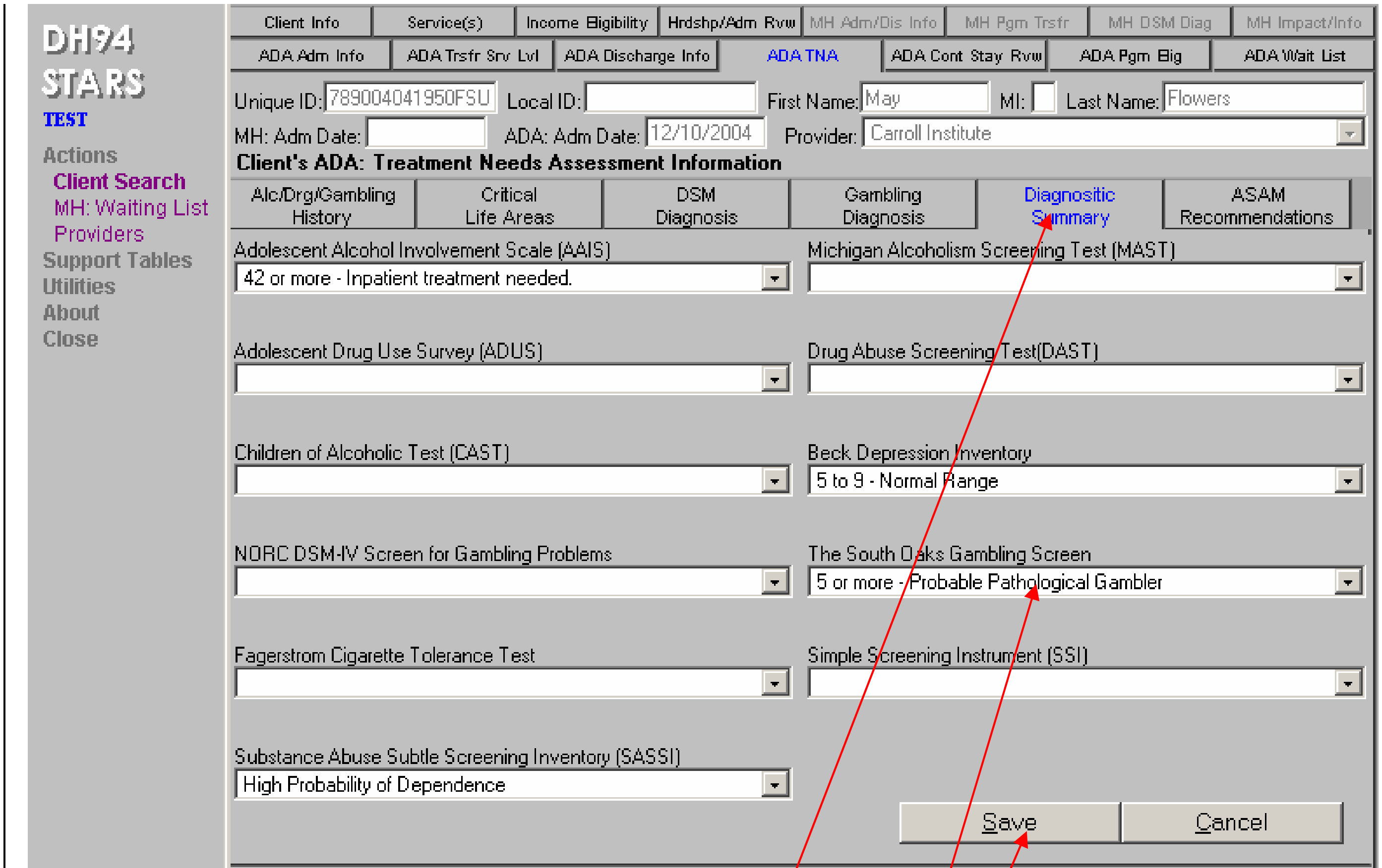
Gambling Diagnosis: This drop down box contains a list of DSM Diagnosis for Gambling Dependence or None. Click on the appropriate Gambling diagnosis, which will then fill that field. At least **Five** boxes must be checked to obtain a "Pathological Gambling Diagnosis."

Select the boxes adjacent to the criterion that substantiates the gambling diagnosis. Click on the boxes next to each statement given by the client which supports the Gambling diagnosis chosen.

In order to save the Gambling Diagnosis, click on **SAVE** at the bottom of the Gambling Diagnosis Detail Screen. The client must have a Gambling Diagnosis in order to save the information on this screen.

If **Cancel** is clicked, the information entered in the Gambling Diagnosis Detailed Screen will be lost and the user will be taken back to the ADA TNA List Screen.

ADA: Diagnostic Summary Screen



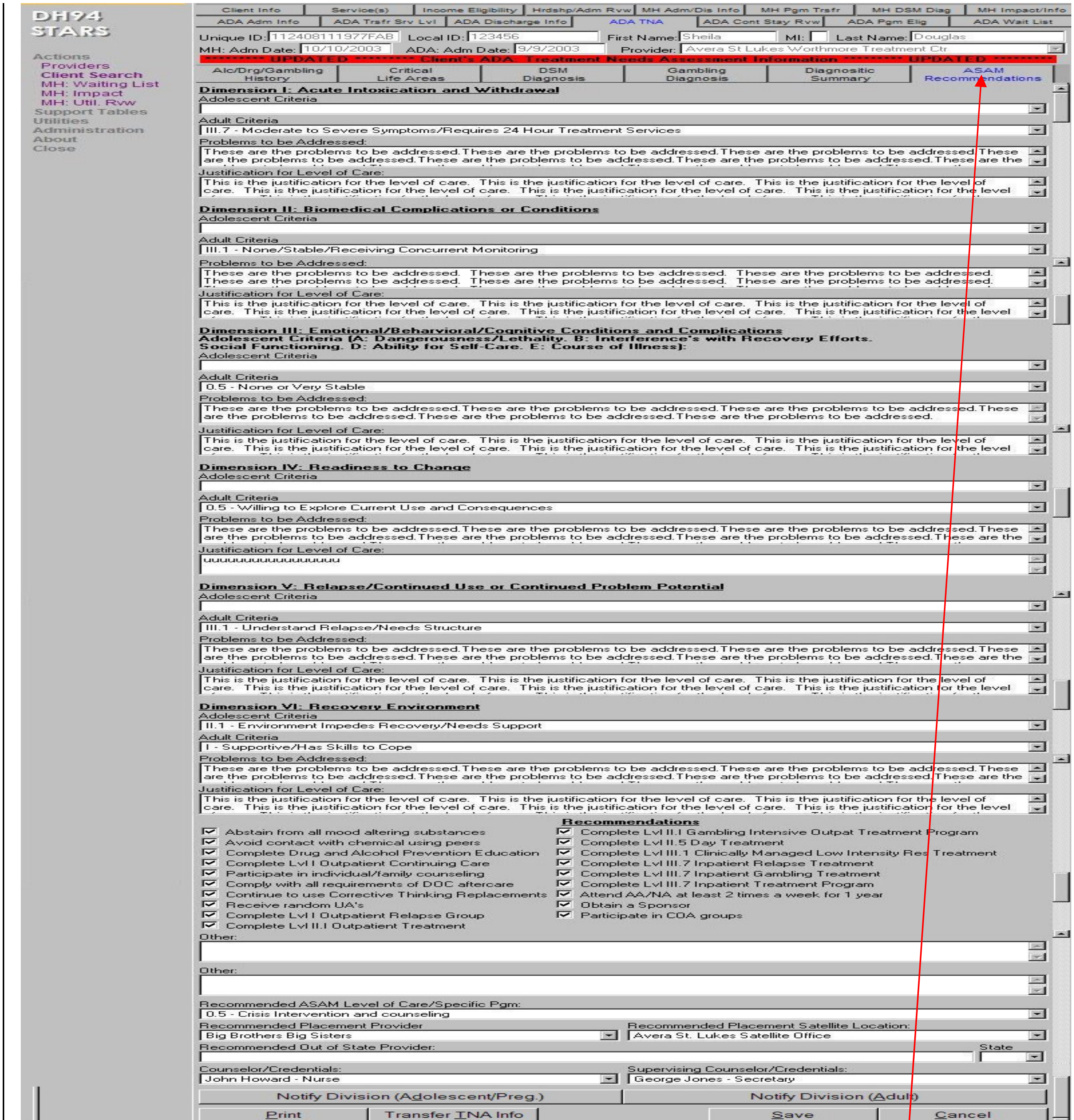
To access the Diagnostic Summary Screen click "**Diagnostic Summary"** tab under the main ADA TNA main menu bar.

A drop down box is given for each diagnostic test listed. **Click on the score/s** that pertain to the particular client who took the test.

In order to save the Diagnostic Summary information, click on **SAVE** at the bottom of the Diagnostic Summary Screen.

If **Cancel** is clicked, the information entered in the Diagnostic Summary Screen will be lost and the user will be taken back to the ADA TNA List Screen.

ADA: ASAM Recommendations Screen



DH94 STARS

Actions
Providers
Client Search
MH: Waiting List
MH: Impact
MH: Util. Rvw
Support Tables
Utilities
Administration
About
Close

Client Info | Service(s) | Income Eligibility | Hrdshp/Adm Rvw | MH Adm/Dis Info | MH Pgm Trsfr | MH DSM Diag | MH Impact/Info
ADA Adm Info | ADA Trsfr Srv Lvl | ADA Discharge Info | ADA TNA | ADA Cont Stay Rvw | ADA Pgm Elig | ADA Wait List

Unique ID: 112408111977FAB Local ID: 123456 First Name: Sheila MI: Last Name: Douglas
MH: Adm Date: 10/10/2003 ADA: Adm Date: 9/9/2003 Provider: Avera St Lukes Worthmore Treatment Ctr

********** UPDATED ********** Client's ADA Treatment Needs Assessment Information ********** UPDATED **********

Alc/Drg/Gambling History | Critical Life Areas | DSM Diagnosis | Gambling Diagnosis | Diagnositic Summary | ASAM Recommendations

Dimension I: Acute Intoxication and Withdrawal
Adolescent Criteria
Adult Criteria
III.7 - Moderate to Severe Symptoms/Requires 24 Hour Treatment Services
Problems to be Addressed:
These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the
Justification for Level of Care:
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Dimension II: Biomedical Complications or Conditions
Adolescent Criteria
Adult Criteria
III.1 - None/Stable/Receiving Concurrent Monitoring
Problems to be Addressed:
These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed.
Justification for Level of Care:
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Dimension III: Emotional/Behavioral/Cognitive Conditions and Complications
Adolescent Criteria (A: Dangerousness/Lethality. B: Interference's with Recovery Efforts. Social Functioning. D: Ability for Self-Care. E: Course of Illness):
Adolescent Criteria
Adult Criteria
0.5 - None or Very Stable
Problems to be Addressed:
These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.
Justification for Level of Care:
This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level

Dimension IV: Readiness to Change
Adolescent Criteria
Adult Criteria
0.5 - Willing to Explore Current Use and Consequences
Problems to be Addressed:
These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the
Justification for Level of Care:
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Dimension V: Relapse/Continued Use or Continued Problem Potential
Adolescent Criteria
Adult Criteria
III.1 - Understand Relapse/Needs Structure
Problems to be Addressed:
These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the
Justification for Level of Care:
This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level

Dimension VI: Recovery Environment
Adolescent Criteria
II.1 - Environment Impedes Recovery/Needs Support
Adult Criteria
I - Supportive/Has Skills to Cope
Problems to be Addressed:
These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the problems to be addressed.These are the
Justification for Level of Care:
This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level

Recommendations

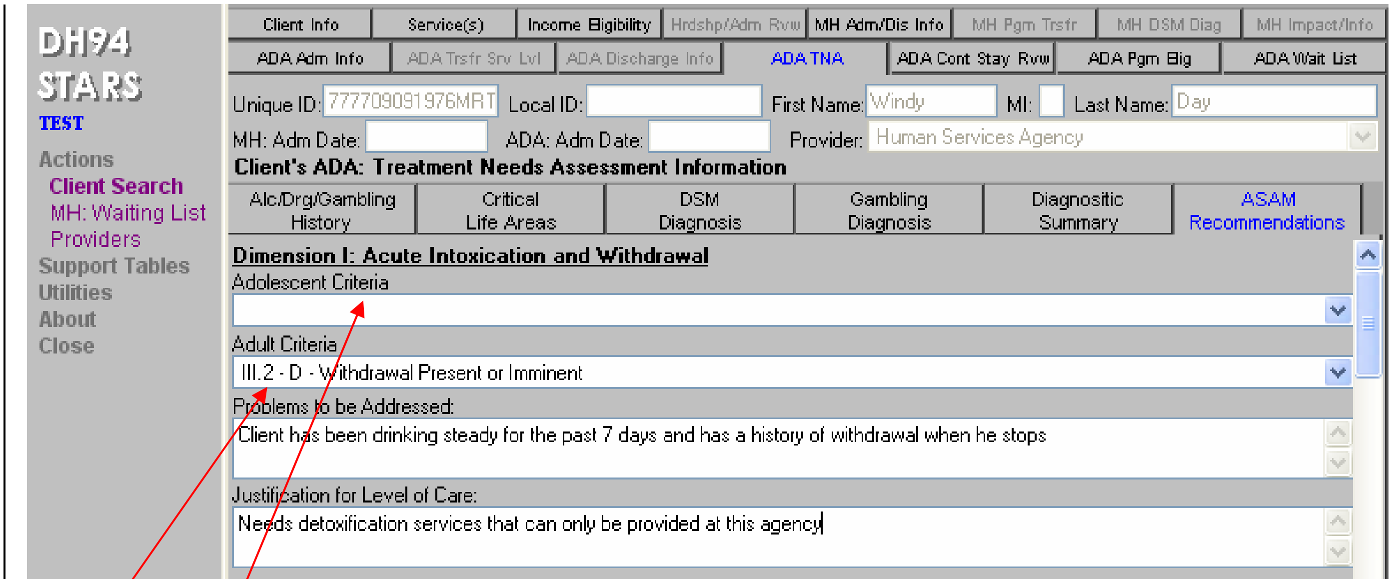
- ☑ Abstain from all mood altering substances
- ☑ Avoid contact with chemical using peers
- ☑ Complete Drug and Alcohol Prevention Education
- ☑ Complete Lvl I Outpatient Continuing Care
- ☑ Participate in individual/family counseling
- ☑ Comply with all requirements of DOC aftercare
- ☑ Continue to use Corrective Thinking Replacements
- ☑ Receive random UA's
- ☑ Complete Lvl I Outpatient Relapse Group
- ☑ Complete Lvl II.I Outpatient Treatment
- ☑ Complete Lvl II.I Gambling Intensive Outpat Treatment Program
- ☑ Complete Lvl II.5 Day Treatment
- ☑ Complete Lvl III.1 Clinically Managed Low Intensity Res Treatment
- ☑ Complete Lvl III.7 Inpatient Relapse Treatment
- ☑ Complete Lvl III.7 Inpatient Gambling Treatment
- ☑ Complete Lvl III.7 Inpatient Treatment Program
- ☑ Attend AA/NA at least 2 times a week for 1 year
- ☑ Obtain a Sponsor
- ☑ Participate in COA groups

Other:
Other:
Recommended ASAM Level of Care/Specific Pgm:
0.5 - Crisis Intervention and counseling
Recommended Placement Provider: Big Brothers Big Sisters
Recommended Placement Satellite Location: Avera St. Lukes Satellite Office
Recommended Out of State Provider:
State
Counselor/Credentials: John Howard - Nurse
Supervising Counselor/Credentials: George Jones - Secretary

Notify Division (Adolescent/Preg.) | Notify Division (Adult)
Print | Transfer TNA Info | Save | Cancel

To get access the “ADA: ASAM Recommendations Screen” click on the “**ASAM Recommendations”** tab under the main ADA TNA menu bar.

ADA: ASAM Recommendations Screen



Adult Criteria: This is a drop down box which lists levels of care for adult programs. For instance if a client is 17 years old and entering into a Adult Level I IOP treatment, then use this criteria. **However if the client is 17 and being entered into a Level I Adolescent IOP treatment, then the Adolescent criteria would need to be utilized.**

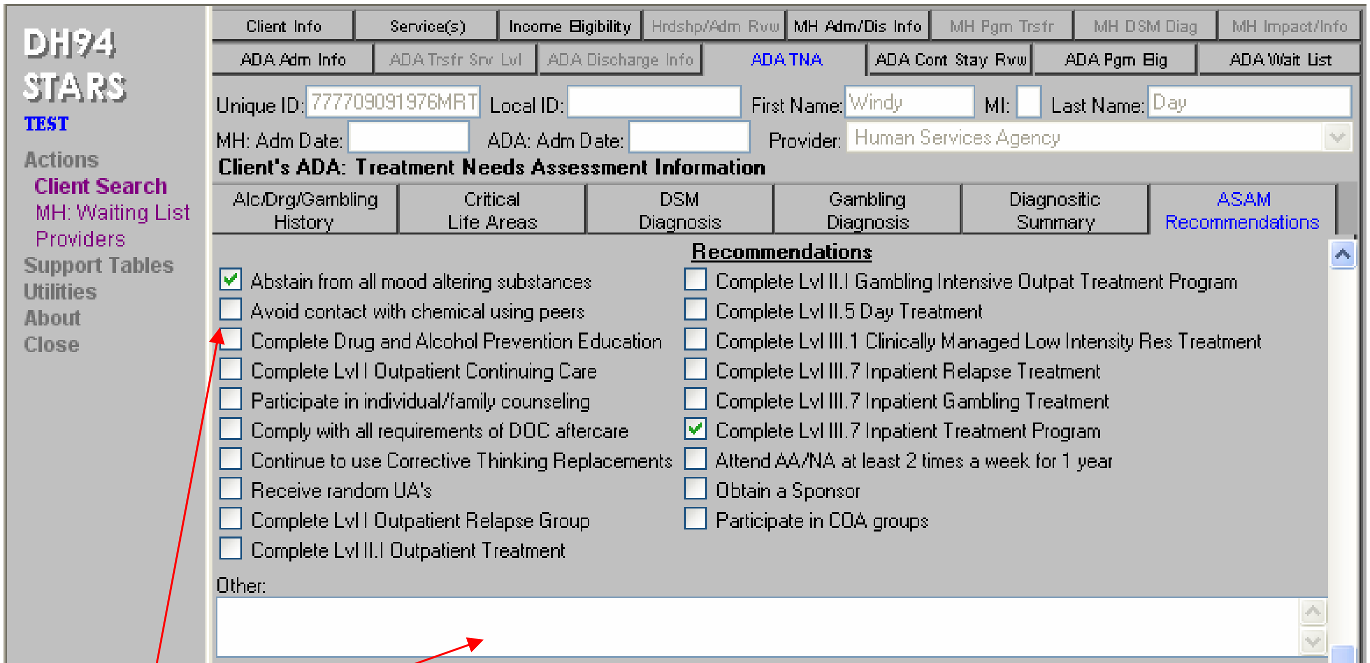
Adolescent Criteria: This drop down box lists the different levels of care which exist for adolescents. Choose the level of care which best fits the particular client you are working with.

For each dimension text boxes are listed for 2 areas and will need to be completed depending on the problems and issues the client is experiencing:

Problems to be addressed:

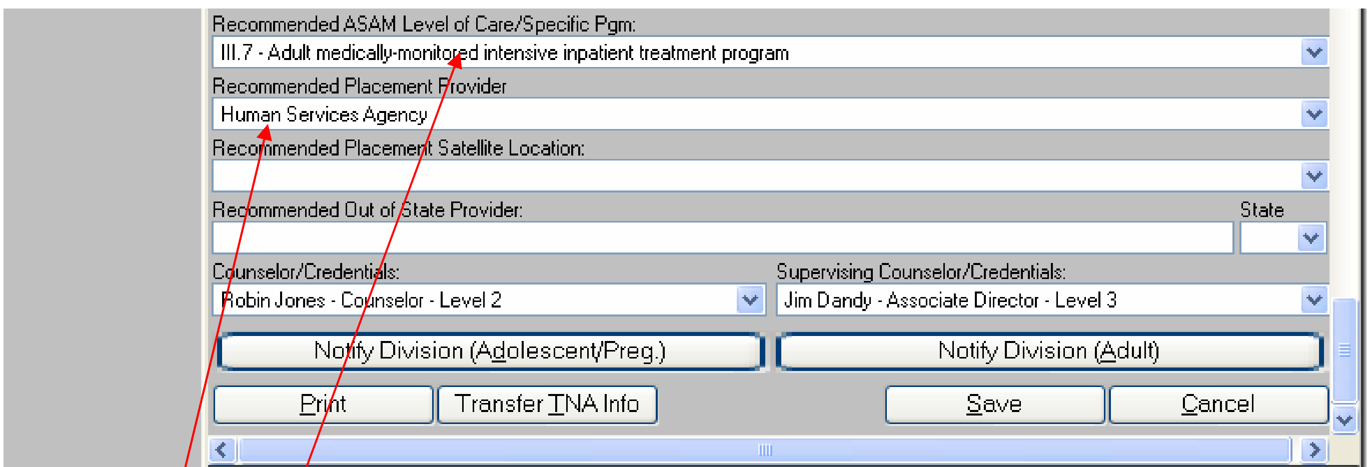
Justification for Level of Care:

ADA: ASAM Recommendations Screen



Recommendations: Click on the boxes which will apply to the particular client.

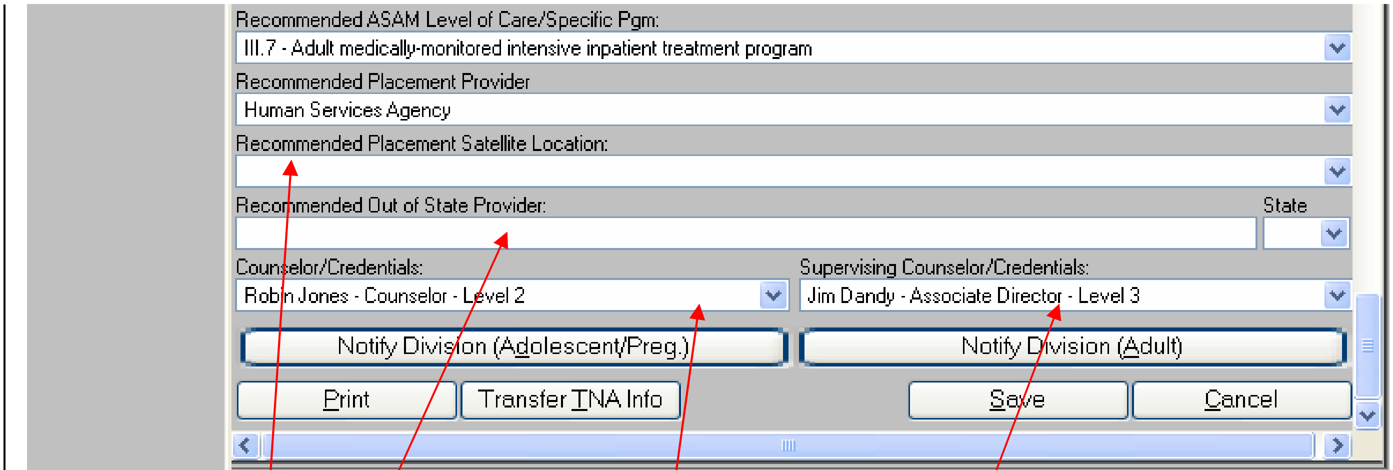
Other: This text box is for additional recommendations which may not be given in the list Recommendations list above.



Recommended ASAM Level of Care/Specific Program: This is a drop down list of all services which a client may participate in. Choose one. Note: If Recommended ASA level of care/Specific program is an adult category, only Adult ASAM Criteria found on the Dimensions drop down boxes, can be utilized. Likewise, if Recommended ASAM level of care/Specific Program is an Adolescent Category, only Adolescent ASAM Criteria can be utilized.

Recommended Placement Provider: This is a drop down list of all the facilities in the state which are accredited with the Division of Alcohol and Drug Abuse. The counselor can recommend a facility placement here. **Note: If the client is indigent or T-19 funded, the Division of Alcohol and Drug Abuse will determine client placement.**

ADA: ASAM Recommendations Screen



Recommended Placement Satellite Location: This box will only work for those facilities that have Satellite offices. For example: Keystone provides services in Canton, SD and in Sioux Falls, SD. Because the client is being recommended for Intensive Outpatient Treatment, this drop down box will operate. The list will contain both the facility in Sioux Falls and the facility in Canton.

If Capital Area Counseling Services were the chosen the provider, the Recommended Placement Satellite Office Location would be blank, since at this time, services are provided in one office only.

Recommended Out of State Provider: This is a Text box. Occasionally clients have been sent out of state to facilities that are better able to meet their needs. An Example: Hearing Impaired clients. Type the facility name in the text box.

STATE: Drop down box. Please choose the state that the Out of State Provider is in.

Counselor/Credentials: This is a drop down box and will list only the counselors at the respective agency. Click on your name and credentials. If your name is not listed correctly, please talk to your supervisor as they have access to this list and can update or make corrections at any time.

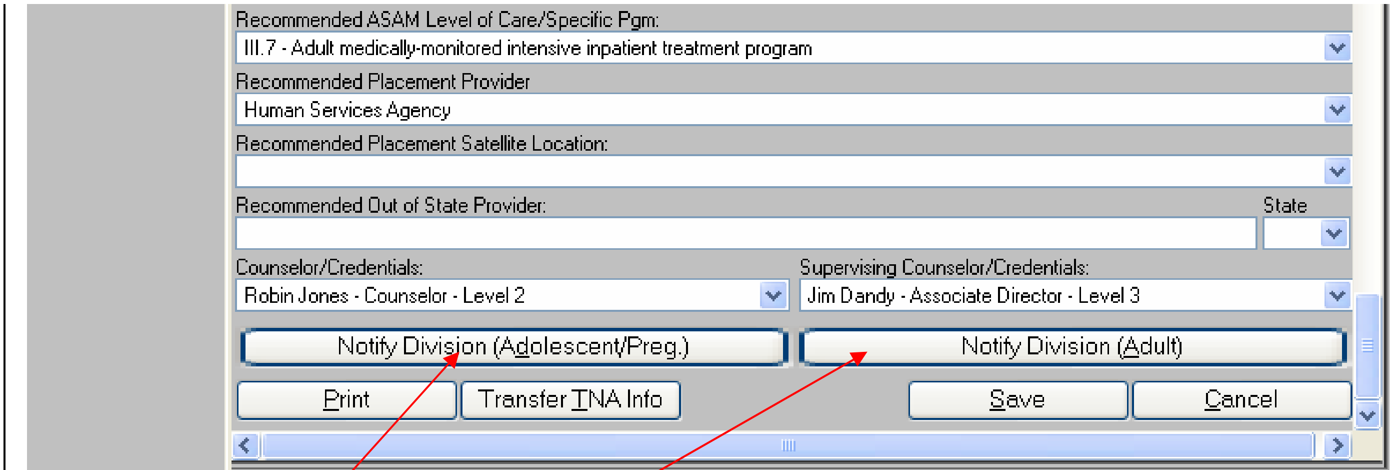
Supervising Counselor/Credentials: If the person completing the Treatment Needs Assessment is a Trainee, this box must have the clinical supervisor's name and credentials listed If the TNA is to be transferred to the Division. Otherwise this is not required.

To save the ASAM Recommendations, click on **Save** at the bottom of the ASAM Recommendations screen.

Print: To print the TNA, click the Print button. This will print all of the ADA TNA.

Cancel: If the cancel button is clicked, all information entered in the ASAM Recommendations screen will be lost and the user will be taken back to the ADA TNA List Screen.

ADA: ASAM Recommendations Screen



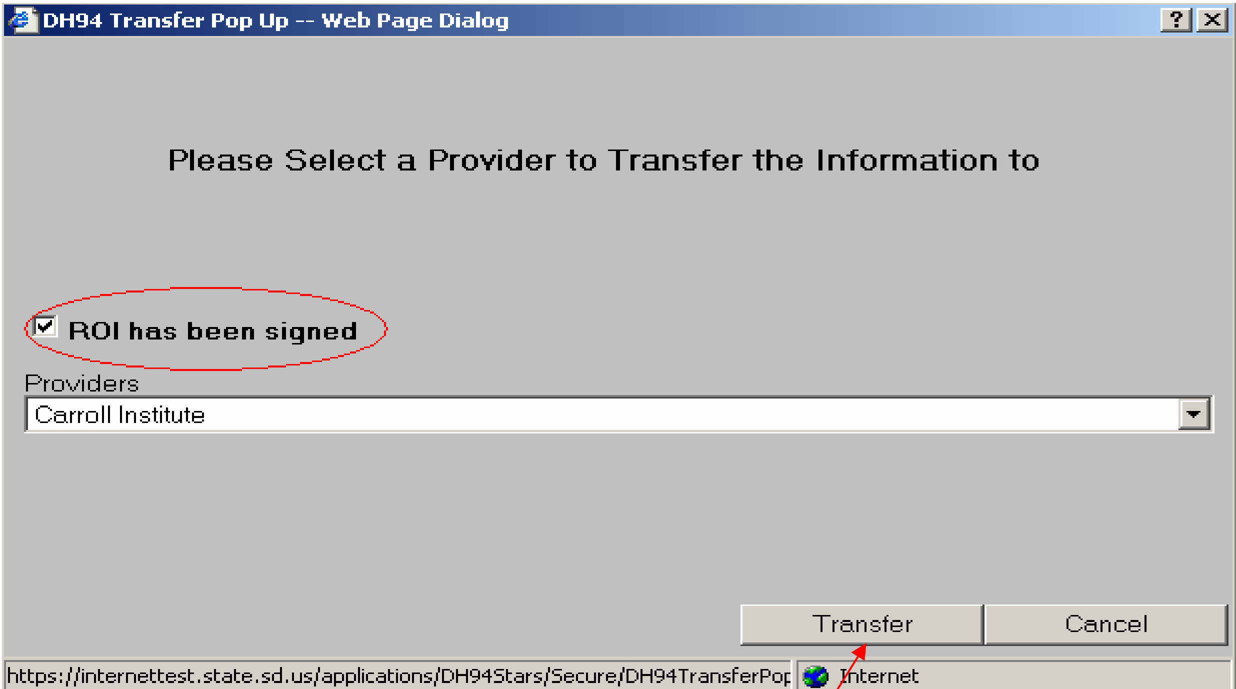
<u>Notify Division (Adolescent/Pregnant Women):</u> If the client will be funded using XIX money or is a woman with dependent children, click on this button. The TNA information will then be sent to the Division of Alcohol and Drug Abuse, to the person who is responsible for approving those clients.

<u>Notify Division (Adult):</u> If the client will be funded using Division Contract Funds, click on this button. The TNA information will be sent to the Division of Alcohol and Drug Abuse, to the person responsible for approving those clients.

An e-mail will then be sent to the Division to notify a request for treatment services. The e-mail will read: "Please review the Unique ID#: ______________. Request from __________ for Indigent/XIX Funding for Alcohol and Drug Services.

****Note:* Once the ADA TNA has been sent to the Division, the Provider will no longer be able to edit the record unless the Division of Alcohol and Drug Abuse receives a request to edit the TNA. Once the Division approves the request to edit, a check mark can be found in the box **<u>Allow Edit</u>** on the <u>ADA TNA, Alcohol/Drug/Gambling History</u> screen.

Transfer TNA Info Screen



The "Transfer TNA Info Screen" can be accessed by clicking on this tab on the bottom menu of the "ASAM Recommendation Screen" **Prior to transferring a TNA, the Federal Confidentiality Law 42 C.F.R. Part 2 and HIPAA regulations must be followed in obtaining appropriate release of information.** After the release is obtained, mark the box circled in RED "ROI has been signed" and then navigate the list of providers to the designated provider the TNA is to be released to.

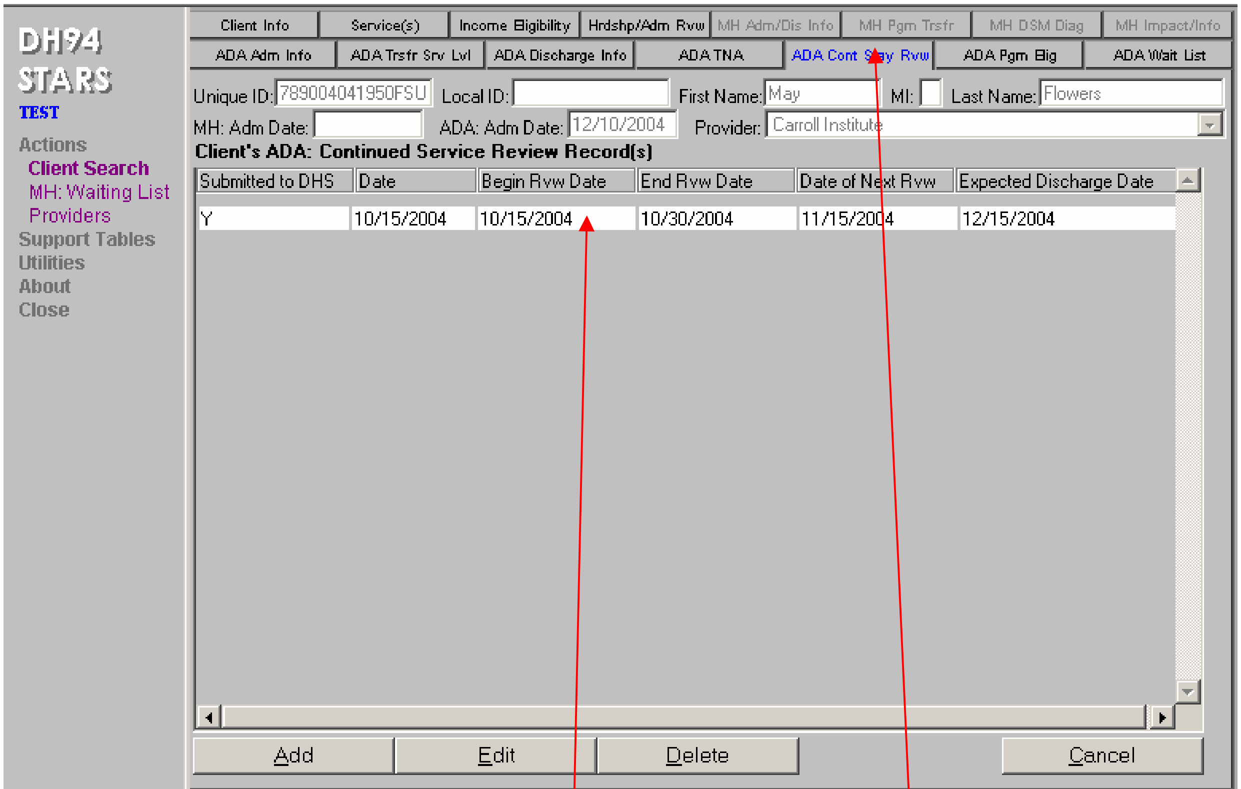
Once the provider is selected, click on the "Transfer" tab to finish the transfer. A system prompt will then indicate the record has been transferred. Click on "OK" to return to the "Alc/Drg/Gambling History Screen" Click on the Cancel tab to return to the "TNA List Screen"

When making a TNA record transfer, the Client Information Record will also be transferred to the provider, unless the provider already has a Client Information Record for the client. If this is the case, then only the TNA record will be transferred. This is a system requirement that all clients entered into STARS have a Client Information Record.

SECTION "G"
CONTINUE STAY AND PROGRAM ELIGIBILITY

1. ADA Continued Stay Review List Screen
2. ADA Continued Stay Review Screen
3. Program Eligibility List Screen
4. Program Eligibility Extension Screen
5. Program Eligibility Extension Detail Screen
6. A/D DSM Diagnosis Screen

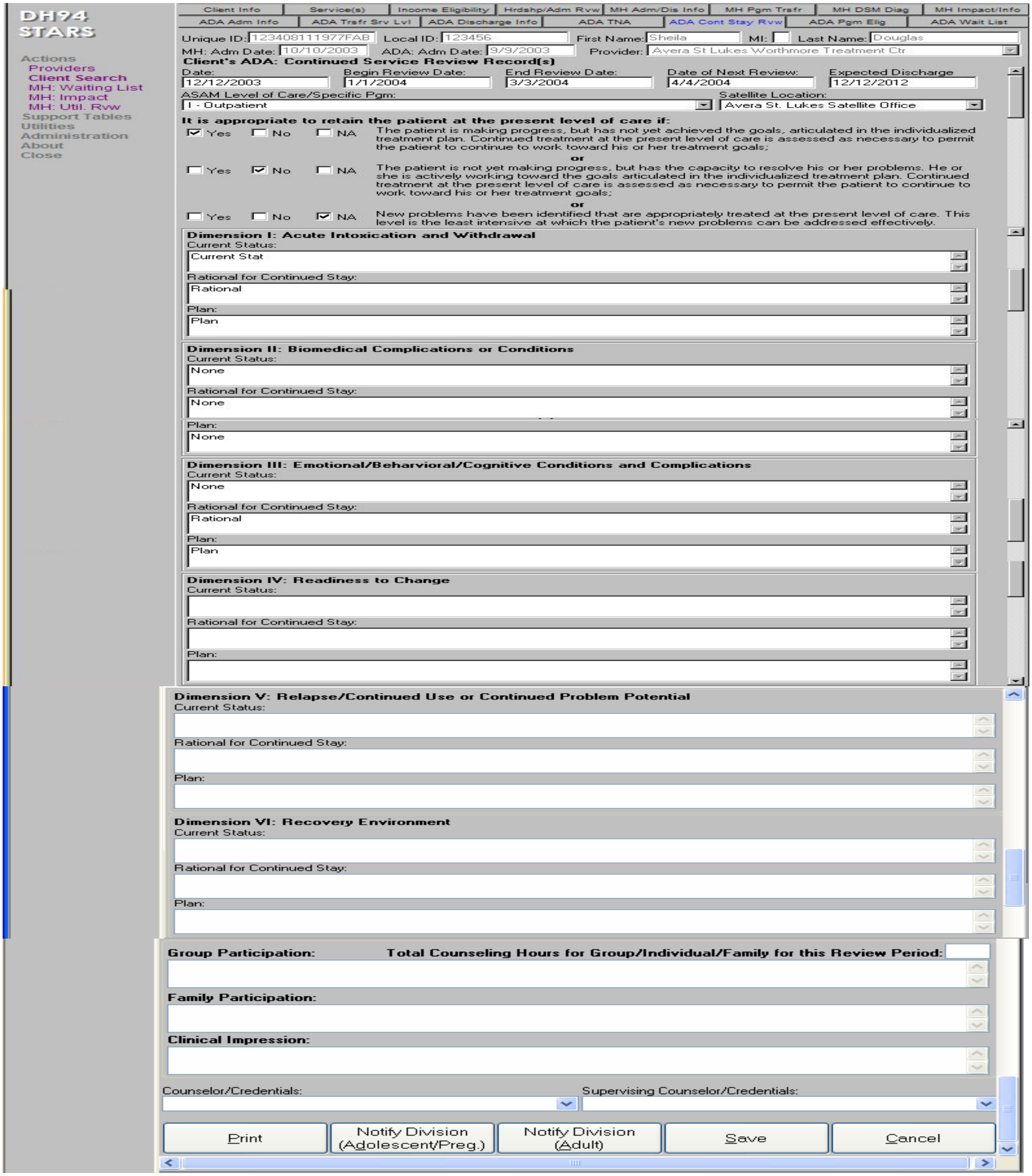
ADA Continued Stay Review List Screen



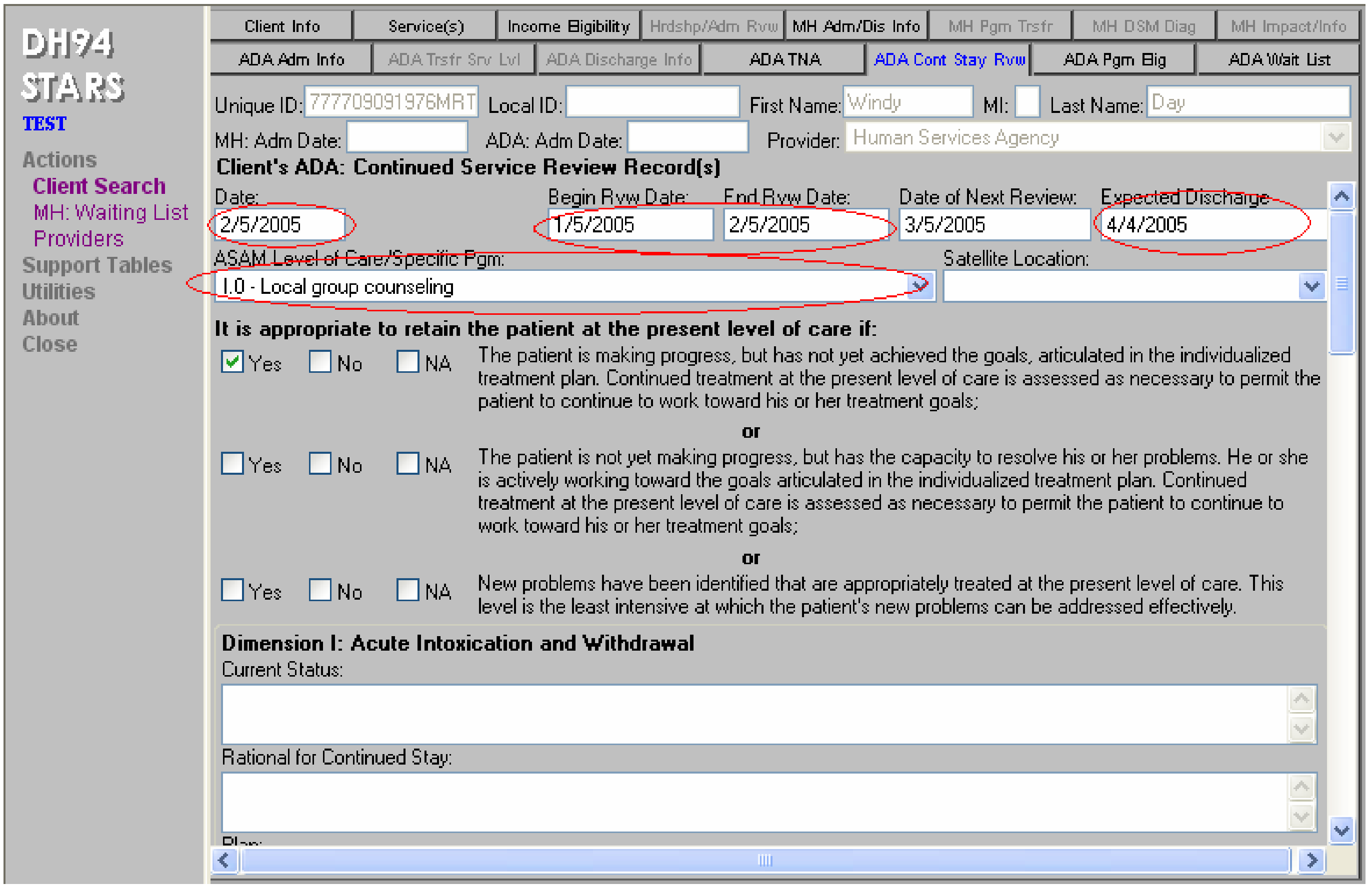
To access the "ADA Continued Stay Review List Screen" from the "Client Search Screen" the following steps are required:

1. Enter an existing client Unique ID/Name on the "Client Search Screen" and click on the" Search" tab to locate an existing record. If a record exists, single click on the client record and then "Most Recent" tab which will open up the "Client Information Screen."
2. On the top menu bar of the "Client Search Screen" click on the "ADA Cont Stay Rvw" tab and the above screen will open up. However if a client has not yet had an Income Eligibility and ADA Admission Information record completed, this tab will not be enabled. By completing these two records and saving both will enable the tab to allow access to the above screen.
3. When the above screen opens, the client's Continued Service Review record history will be displayed or if there are no Continued Stay records entered, the screen will be blank.
4. **To edit a record, click on the identified record** on the above screen and then click on the "Edit" tab which will open up the "Continued Stay Review Detail Screen." Make the necessary changes and then click on the "Save" tab. A record cannot be edited without permission from the state once it has been submitted – "Notify Division" tab has been initiated.
5. **To add a new record, click on the "Add" tab** which will open up the "Continued Stay Review Detail Screen" where the new information can be entered.
6. Depending on user security, a deletion of a Continued Stay record can occur by clicking on the identified record on the screen and then click on the "Delete" tab.
7. The "Cancel" tab will return to the ADA Client Search Screen.

ADA Continued Stay Review Screen



Continue Stay Review Screen



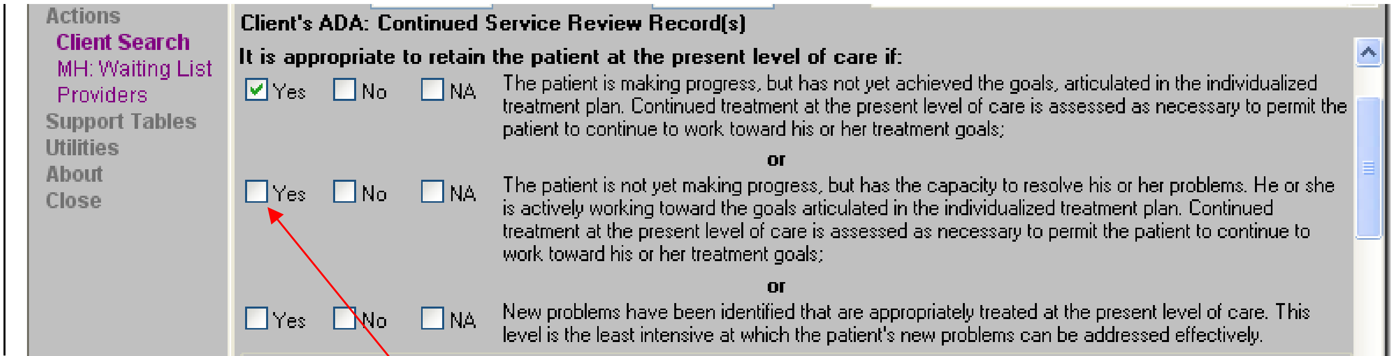
To access the "ADA Continued Stay Review Screen" from the "Client Search Screen" the following steps are required:

1. Enter an existing client Unique ID/Name on the "Client Search Screen" and click on the" Search" tab to locate an existing record. If a record exists, single click on the client record and then "Most Recent" tab which opens up the "Client Information Screen."

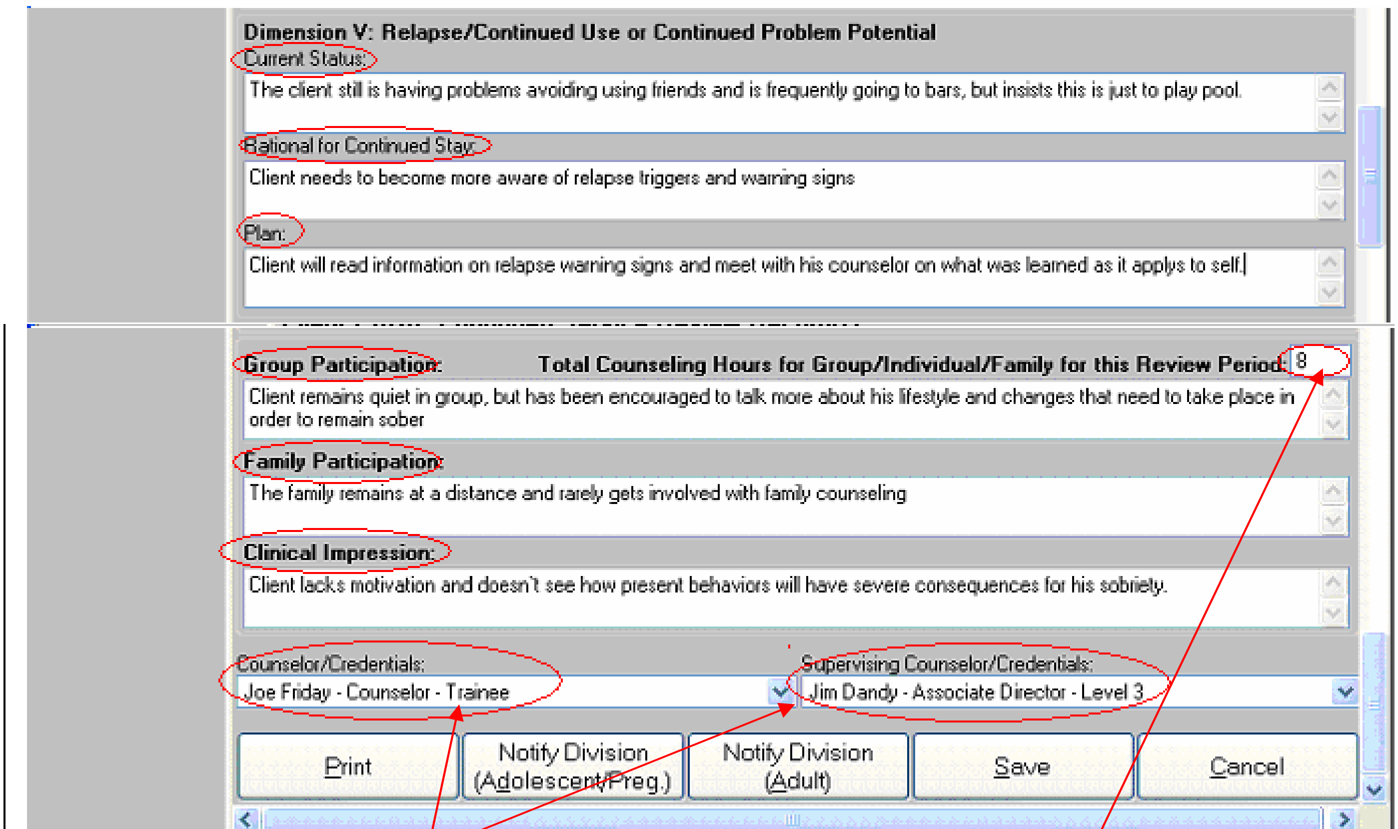
2. On the top menu bar on the "Client Information Screen", click on the "ADA Cont Stay Rvw" tab which will open up the "Continued Stay Review List Screen." However if a client has not yet had an Income Eligibility and ADA Admission Information record completed, this tab will not be enabled. By completing these two records and saving both will enable the tab to allow access to the "Continued Stay Review Detail Screen." The above screen will open up by either double clicking on a client continued stay record, single clicking on a record and clicking on "Edit" or clicking on the "Add" tab on the Detail Screen.

3. The required fields to save the record are circled in **RED** above: Date, Begin Review Date, End Review Date, Expected Discharge Date, and ASAM Level of Care/Specific Program.

Continue Stay Review Screens

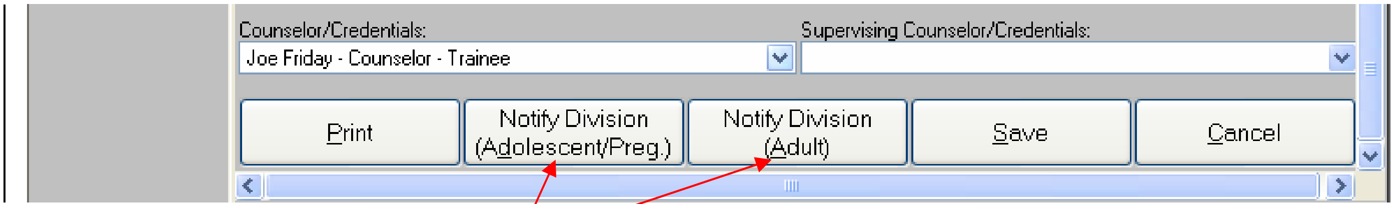


4. In addition **One** of the **Yes Boxes** must be checked for "**Notifying**" the Division of Alcohol/Drug Abuse Under: "It is appropriate to retain the patient at the present level of care if:



Additional fields that are required to "Notify Division" are circled in **RED** above. At least 1 Dimension Section must be filled out (Current Status, Rational for Continued Stay, and Plan)
<u>Total counseling hours</u> for this review period must be between 1 and 100 **hours** and documentation must be present in the following areas: Group Participation ,Family Participation, Clinical Impression, <u>Counselor/Credentials and Supervisor/Credentials</u> - If the counselor's credentials = "CDCT" (Trainee)

Continue Stay Review Screen



5. The **"Notify Division (Adult)"** will check to see if all appropriate fields are filled in correctly and then send an email to the Division adult department staff. After the Division has been notified, the Provider will no longer be able to edit the record.

6. The **"Notify Division (Adolescent)"** will check to see if all appropriate fields are filled in correctly and then send an email to the Division adolescent department staff. After the Division has been notified, the Provider will no longer be able to edit the record.

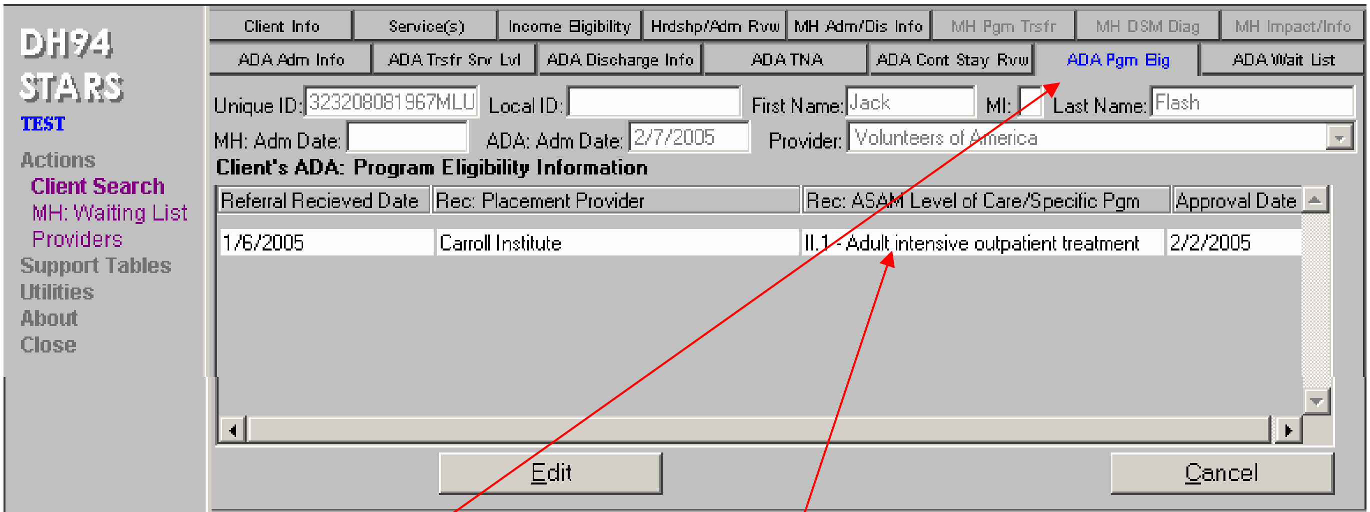
7. Depending on user security level, a deletion of a record can occur if it has not been previously sent to the Division of Alcohol/Drug Abuse.

8. To retain the information, click on the "Save" tab.

9. The "Cancel" tab will return to the Continued Stay List Screen.

10. The "Print" tab will Print all of the Continued Stay Information.

Program Eligibility List Screen

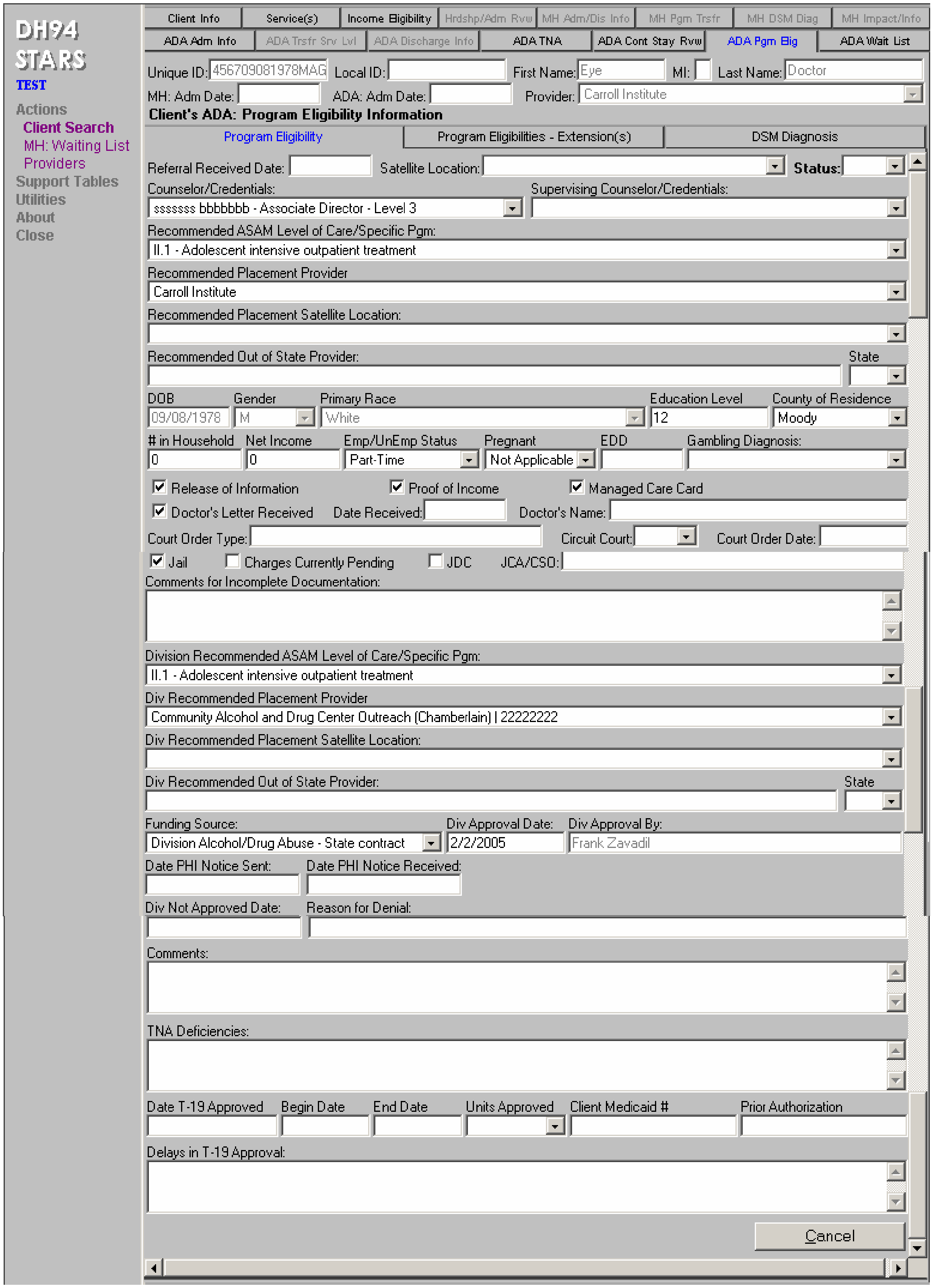


The ADA Program Eligibility List Screen and ADA Program Eligibility Detail Screen are *Provider View* screens only. The above tab will only be enabled after a TNA has been submitted to the Division for requesting program approval from the "Notify Division" tab on the ASAM Recommendation Screen.

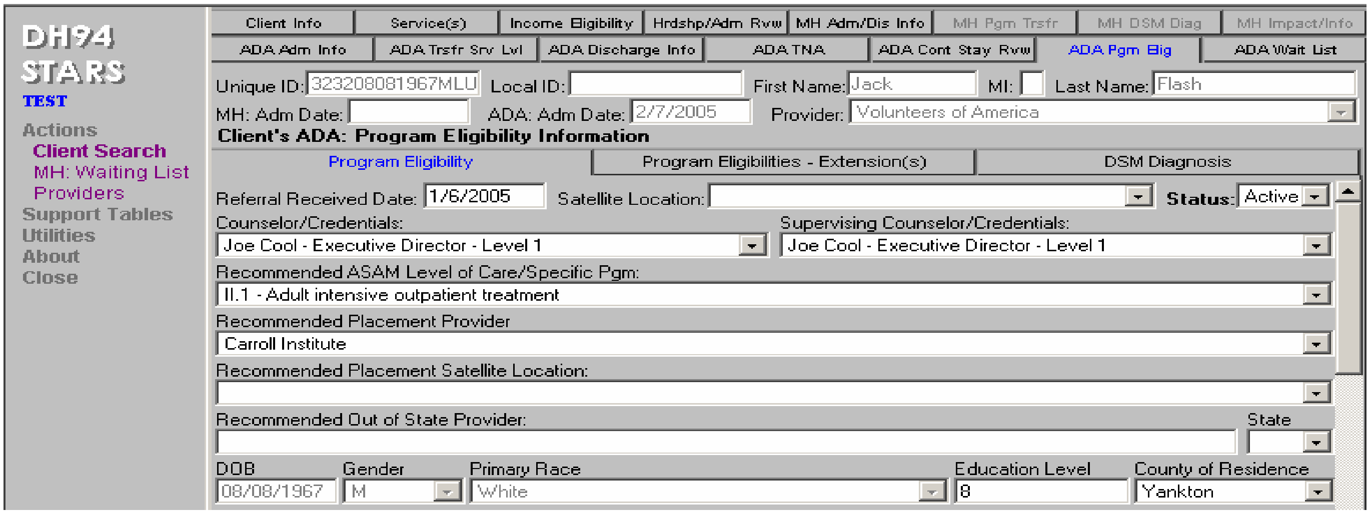
To access the "Program Eligibility Screen" click on the "ADA Pgm Elg" tab. To view a particular client's eligibility status, the user will double click on a specific record. The Program Eligibility Screen will open and allow the user to determine the status of the client's eligibility for services, where the services will be provided, and the payment source.

State Adm Staff can get to the ADA: Pgm Elig List screen by clicking ADA: Program Eligibility Tab. Then click **"Add"** or **"Edit"** from the Program Eligibility List Screen, or to view a record, double click on the specific client record of interest.
Only State Level Staff can Add, Edit, Delete, or Cancel a record.
"Add" will go to the Program Eligibility Tabs Screens to Add a Client's Program Eligibility Information.
"Edit" will go to the Program Eligibility Tabs Screens to Edit the Client's Program Eligibility Information.
"Delete" will delete a Client's Program Eligibility Information.
"Cancel" will take the user back to the ADA Client Search Screen.

Program Eligibility Screen



Program Eligibility Screen



(Policy #, Policy Holder First Name, Policy Holder, Last Name, Department, fields will only appear when the person's funding source is State Employee Insurance)

Most of the fields in the Program Eligibility Detail Screen will be pulled from other screens which the provider has already completed. Those fields include:

Counselor/Credentials, Supervising Counselor/Credentials, JCA/CSO, Jail, Charges Currently Pending, JDC, Education Level, Recommended ASAM Level of Care/Specific Pgm, Recommended Placement Provider, Recommended Placement Satellite Location, Recommended Out of State Provider, State, Emp/Unemp Status, Pregnant, EDD and Gambling Diagnosis will pull from the TNA Screen.

Client Medicaid #, DOB, Gender, Primary Race, and County of Residence will pull from the Client Info Screen.

Net Income and # in household will pull from the income eligibility screen.

Required fields to complete for all clients requesting funding:
Prior to receiving approval for funding and placement of clients for alcohol and drug services, the **Income Eligibility Screen,** will need to be completed. A release of information and other documentation, depending on the funding source, will need to be faxed to the Division at (605) 773-7076.

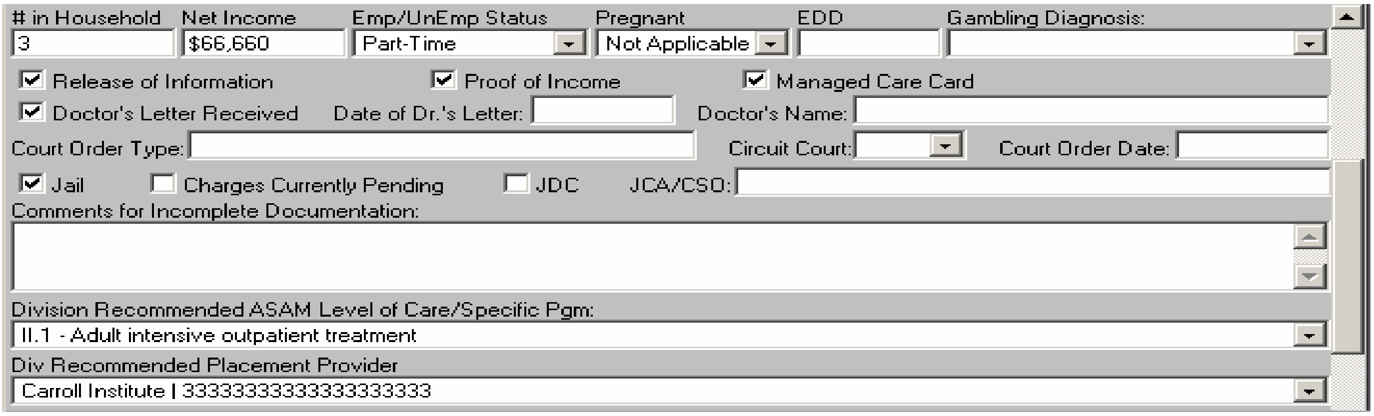
Referral Received Date: This is a date box which will be completed by state level staff and refers to the date the request for approval was sent to the Division. Dates can be entered with 6 digits. For example, a client was approved for services December 12, 2004. Type the date digits, 121204 and tab – the information will be reformatted to look like 12/12/2004.

Satellite Location: This is a drop down box which will be completed by state level staff and refers to the facility where the provision of services will take place. This field will be blank if a facility provides services at one site only

Status: This is a drop down box which will be completed by state level staff and refers to the status of the client's approval. If the status is on Hold, it typically means the division is missing some required piece of information. For example: a release of information has not been received at the Division. The Division will place a Hold on the client's approval until the Release of Information has been received. To find the reason for the hold, scroll down to Comments for Incomplete Documentation.

If the client's status is Active, this would indicate the client has been approved for services, and the provider can scroll down to the bottom of the screen to find where the client was approved for services, when the client was approved, what level of care the client is recommended to attend, and the funding source.

Program Eligibility Screen



in Household: 3
Net Income: $66,660
Emp/UnEmp Status: Part-Time
Pregnant: Not Applicable
EDD:
Gambling Diagnosis:
☑ Release of Information
☑ Proof of Income
☑ Managed Care Card
☑ Doctor's Letter Received
Date of Dr.'s Letter:
Doctor's Name:
Court Order Type:
Circuit Court:
Court Order Date:
☑ Jail
☐ Charges Currently Pending
☐ JDC
JCA/CSO:
Comments for Incomplete Documentation:
Division Recommended ASAM Level of Care/Specific Pgm:
II.1 - Adult intensive outpatient treatment
Div Recommended Placement Provider
Carroll Institute | 333333333333333333333

Release of information: This refers to the release of information sent to the Division of Alcohol and Drug Abuse which is signed by the client. The release of information allows the Division to discuss the client with the referring and placement facility and the funding source (such as the Department of Social Services). Once the release of information is received by the Division, State Level Staff will click on the field box labeled **Release of Information.**

Proof of Income: Refers to the Income Eligibility and Hardship/Administrative Review Screens which Division staff will need to examine prior to approval. Once state level staff has reviewed the client's income, state level staff will need to click the field box along the left side of the field labeled '**Proof of Income**'.

Required Fields for Title XIX Funding:

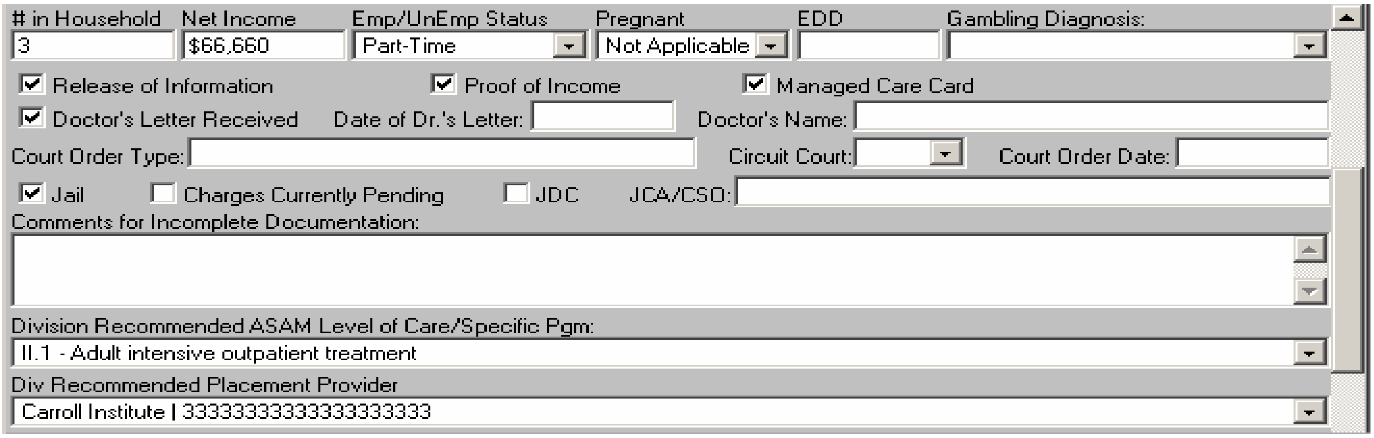
For Title XIX approvals, a copy of a Dr.'s Letter or Court Order must be faxed to the Division of Alcohol and Drug Abuse, (605) 773-7076. The letter or court order must state the client is recommended to obtain an alcohol and drug assessment and to follow the recommendations of the assessment. **Alternatives** to this rule would include a copy of a Managed Care Card, which fulfills the Dr.'s Letter Requirement or a court order which places the client into the custody of another state entity, such as the Department of Social Services, Department of Corrections, or Department of Human Services.

Additionally, for pregnant women, a Dr.'s Letter or similar document which verifies the client's pregnancy must be faxed to the Division at (605) 773-7076.

Once the above mentioned items are received by the Division, state level staff will complete the required fields to include:

Managed Care Card: This is a check box form field to be completed by state level staff only and if checked indicates the Division has *received* a copy of the Managed Care Card.

Program Eligibility Screen



<u>Doctor's Letter Received</u>: This is a check box form field to be completed by state level staff only and if checked indicates the Division has *received* a copy of the Dr.'s Letter.

<u>Date Received:</u> This is a date field to be completed by state level staff only and refers to the date which the doctor signed the letter for the referral for an assessment.

<u>Doctor's name:</u> This is a text box to be completed by state level staff only and refers to the name of the doctor making the referral as well as the doctor's credentials.

<u>Court Order Type:</u> This is a text box to be completed by state level staff only and refers to the type of court order the client is to follow. Examples might include Order of Adjudication, Adjudicatory Order, and Order of Commitment to DOC, Interim Order, and Order of Probation etc.

<u>Circuit Court:</u> This is a drop down box to be completed by state level staff and refers to the circuit court which has jurisdiction over the client and is listed on the court order.

<u>Court Order Date:</u> This is a date field to be completed by state level staff only and refers to the date the court order was signed by the judge and filed. If the court order was filed on a date later than when the judge signed it, then place the date of filing in this field.

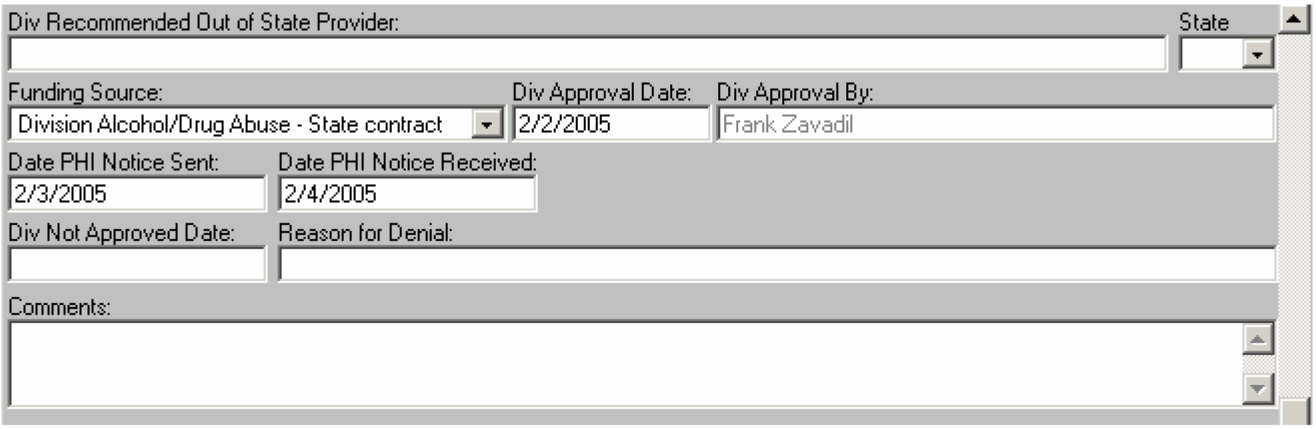
<u>Comments for Incomplete Documentation</u>: If the Division does not have all the required forms, or if the Treatment Needs Assessment is missing information, or if State level staff has any questions, a message will be written here about the needed documentation prior to approving the client for services.

<u>Division Recommended ASAM Level of Care/Specific Program:</u> State level staff will place the recommended level of care here. This is a drop down box which lists the chemical dependency services provided in the state of South Dakota. The Division may choose to place a client in a level of care which is different from recommended by provider.

<u>Division Recommended Placement Provider:</u> State level staff will determine the placement provider. This is a drop down list of all the approved/accredited agencies in the state which provide chemical dependency services.

Division Recommended Placement Satellite Location: This is a drop down box which lists all satellite agencies that are connected with a main/central office. This field will be empty unless the services provided to the client will be in an office other than the main/central office. Ex: Volunteers of America, Dakotas – New Start II, VOA-D. A pregnant woman is requesting services with the pregnant women's program. New Start II, VOA-D would fill the field for Division Recommended Placement Satellite Location.

Program Eligibility Screen



Division Recommended Out of State Provider: State level staff will complete the text box for clients recommended to receive services out of state. The name of the Out of State Provider will be typed here.

State: This is a drop down box of every state in the Nation and will be completed by State level staff if the client will be attending an out of state facility.

Funding Source: This is a drop down box which lists the funding sources available to the clients in the state of South Dakota. State level staff will determine which funding source will be used and will select the source by clicking on it. That funding source will fill the field.

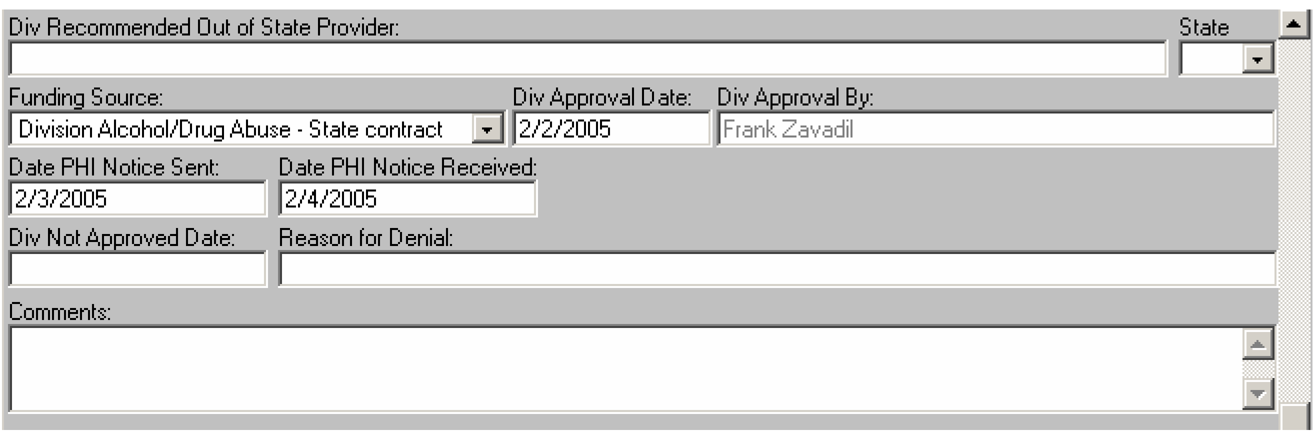
Division Approval Date: This is the date the Division has approved funding for services. This date will be completed by State Level staff.

Division Approval By: This is the name of the person at the state level who approved the client for services. This field will be completed by state level staff.

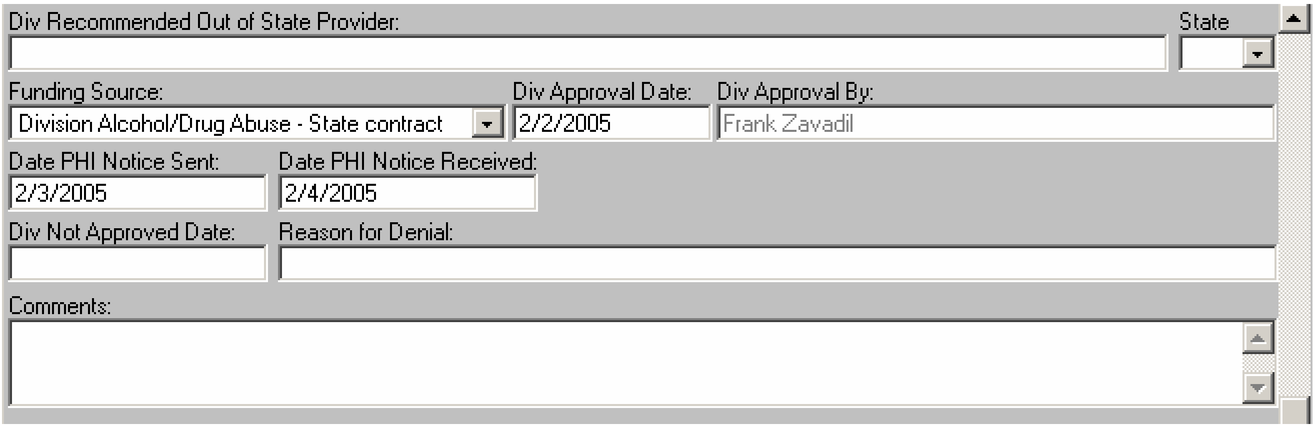
PHI Notice

<u>Date PHI Notice Sent:</u> The PHI Notice is a form required by HIPAA Laws. It is for clients who are funded by State Employee Insurance, and/or clients who attend HSC, BMS - Full Circle, or New Start II, VOA-D. If a client meets one of these criteria, an e-mail will be sent to Division staff to send those facilities a PHI notice for the particular client. The e-mail will state: "Unique Client ID #_________ is a State Employee/Dependent or has been approved for HSC, BMS - Full Circle Program, or New Start II, VOA-D. Please send the PHI Notice." The date the PHI Notice was sent to the facility will be entered here by Division staff.

Program Eligibility Screen



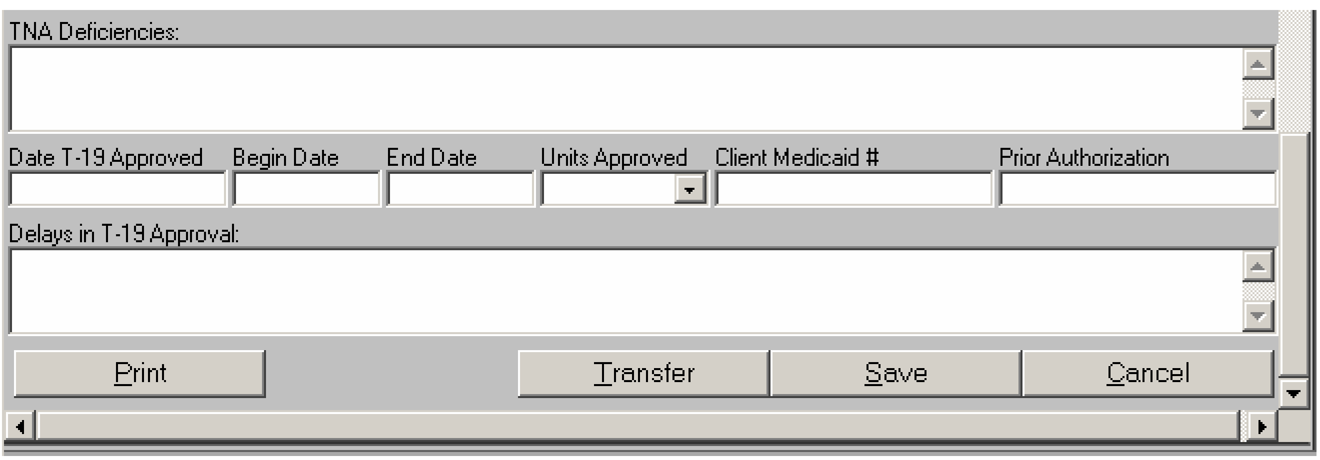
<u>Date PHI Notice Received:</u> This is the date the Division receives the PHI Notice back, from the agency on the particular client. Again, Division staff will complete this field. Dates can be entered with 6 digits. For example, a client was approved for services December 12, 2004. Type the date digits, 121204. Tab. The information will be reformatted to look like 12/12/2004.



__Division Not Approved Date:__ There will be times when clients will be denied funding for their services. This is determined by State level staff and will be completed by state level staff. The date of the denial will be placed here

__Reason for Denial:__ This is a text box and will be completed by state level staff, and will give the reasoning for the denial of funding.

__Comments:__ This is a text box for state level staff to make notes for themselves in regards to client placement or discharge.



__TNA Deficiencies:__ This is a text box for state level staff to note deficiencies within the TNA. Examples might include comments about a lack of information in the critical life areas etc.

__Date T-19 approved:__ This is a date box which will be completed by state level staff in regards to T-19 authorization and the date the Authorization was approved.

Begin Date: This is a date box which will be completed by state level staff and refers to the day the client's T-19 Authorization begins or the date the service begins

End Date: This is a date box which will be completed by state level staff and refers to the day the client's T-19 Authorization ends or the date the service ends.

Units Approved: This is a drop down box with numbers and refers to the number of units the client has been approved for T-19 funding. State level staff will complete this field.

Client Medicaid #: This field will be pulled from the Client information screen.

Prior Authorization: This is a text box which will be completed by state level staff and refers to the prior authorization number which the provider will use to bill Medicaid for the services provided by the facility. The code for a particular client's level of care will also be listed here. For example, a client is recommended for Level III.7 and is cannabis and alcohol dependent. **Prior Authorization**: 1002334 - W3020.

Delays in T-19 Approval: This is a text box to be completed by state level staff and refers to the reasons why T-19 funding has not been authorized. Examples might include that the client is no longer eligible for T-19 funding or the client's T-19 eligibility has ended and the family will need to go to the local Department of Social Services office and reapply for eligibility.

Print: The print button will allow the provider to print the Program's Eligibility's page for the clients file.

Transfer: **This button will send the TNA and the Program Eligibility Screen** to the facility that will be providing services to the client.

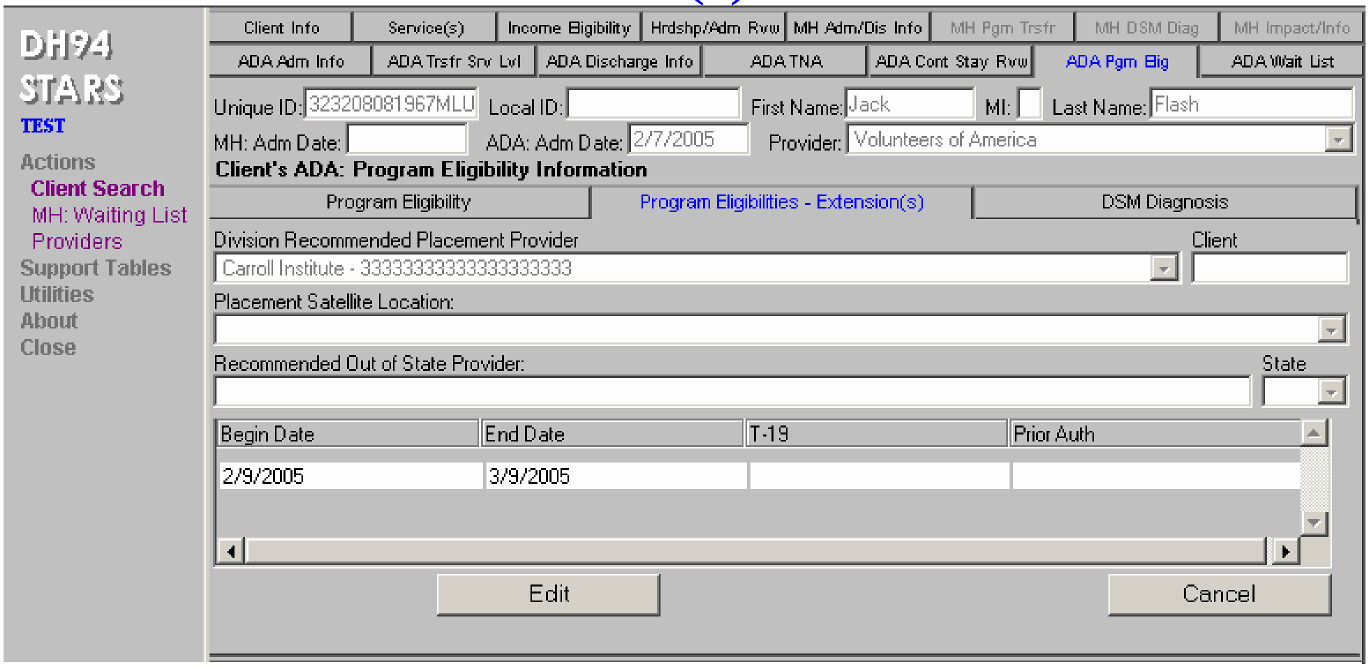
For example: Winner Alcohol & Drug Counseling Services have recommended a client attend inpatient treatment. The Division approves the client for inpatient treatment services at Our Home Rediscovery. Once the Division approves the request, state level staff will click the transfer button and the client's treatment needs assessment and program eligibility will be copied and transferred to the placement facility, in this case Our Home Rediscovery.

Once the information is transferred to another facility, the SD Stars system will delete the Program Eligibility and the Program Eligibility Extensions of the original provider. The Treatment Needs Assessment will stay with the original provider, as in our example, Winner Alcohol & Drug Counseling Services, but will also give a copy of the treatment needs assessment to the facility that will be providing the services, Our Home Rediscovery.

Save: Clicking on this button will save the Program Eligibility Information.

Cancel: Clicking this button will take the user back to the Program Eligibility List Screen. If the information entered on this screen is not saved prior to hitting cancel, the user will lose the information that was placed on this screen.

Alcohol and Drug Abuse: Program Eligibility - Extension(s) Screen



For those clients who meet the criteria for an extended stay beyond the initial stay approved by the Division, the Provider will need to submit a continuing stay review with a request for the extension. To do this, the Provider is referred to <u>ADA Continue Stay Review</u> section of this manual.

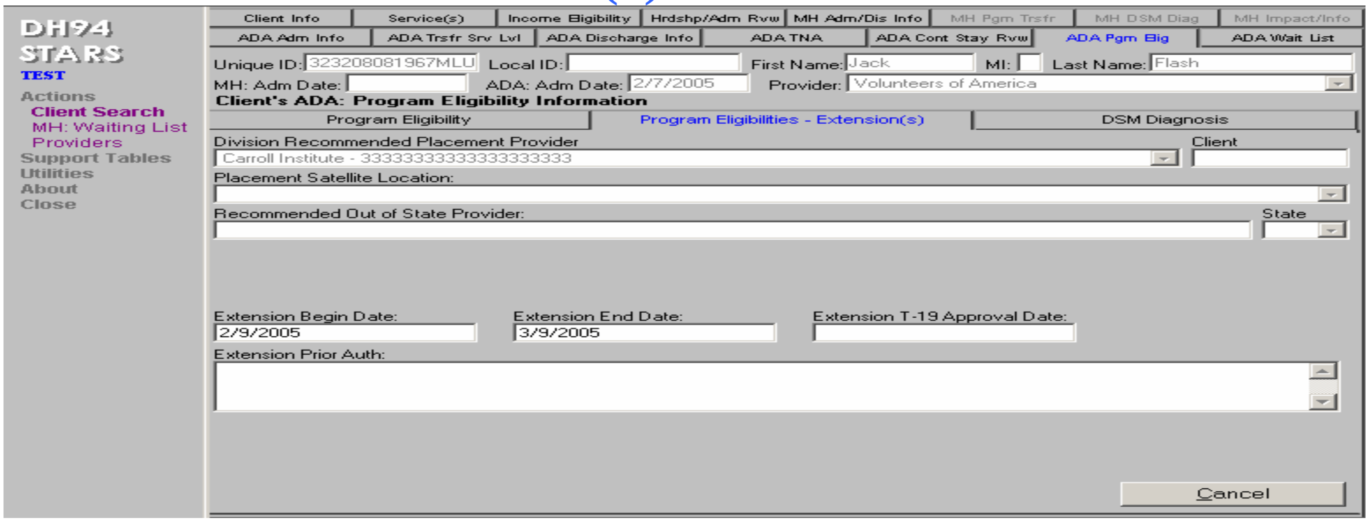
Once the continuing stay review is completed, the Provider will notify the Division, depending on the type of funding needed, for a request of an extension.

After the Division receives, reviews, and agrees with the request, the provider can view this information by completing the following steps:
1. Locate the client from the "Client Search Screen" and click on the "Most Recent" tab which opens the "Client Information Screen"
2. On the top menu bar of the "Client Information Screen", click on the "ADA Pgm Elg" tab which opens the "Program Eligibility List Screen" Then click on the record and click on "<u>Edit</u>" which opens the "Program Eligibility Screen".
3. From the "Program Eligibility Screen" click on the "Program Eligibilities – Extension (s)" tab which opens the above screen.

Again this is a Provider View screen only.

State level staff enters information on this screen by clicking "**<u>Add"</u>** or "**<u>Edit".</u>**
"<u>Add</u>" will take the user to the Program Eligibilities Extension(s) Detail Screen to <u>Add</u> an extension to the client's chemical dependency treatment.
<u>"Edit"</u> will go to the *selected* Program Eligibilities Extension(s) Detail Screen to <u>Edit</u> an extension that has already been completed on a client.
<u>"Delete"</u> will <u>Delete</u> a Client's *selected* Program Eligibilities - Extension(s).
<u>"Cancel"</u> will go back to the Program Eligibility List Screen.

Alcohol and Drug Abuse: Program Eligibilities Extension(s) Detail Screen



To get to the Program Eligibilities – Extensions detail screen click **<u>“Add”</u>** or **<u>“Edit”</u>** on the Program Eligibilities Extension(s) List Screen.
This is a Provider View screen only.

<u>Division Recommended Placement Provider</u>: This field is pulled from the “Program Eligibility Screen” and is shadowed and indicates the facility which the client’s extension is being approved.

<u>Placement Satellite Location:</u> This field is pulled from ”Program Eligibility Screen” and shadowed. If the field is blank, then the facility does not have a satellite location. If the field is occupied, it indicates the client is being approved for the satellite location of the <u>Division Recommended Placement Provider</u>.

<u>Recommended Out of State Provider:</u> This field is pulled from “ Program Eligibility Screen” and will be shadowed. It indicates the name of the provider if it is located outside of South Dakota.

<u>State:</u> This field will be shadowed and indicates which Out of State facility is providing services, if the client is approved for out of state chemical dependency treatment.

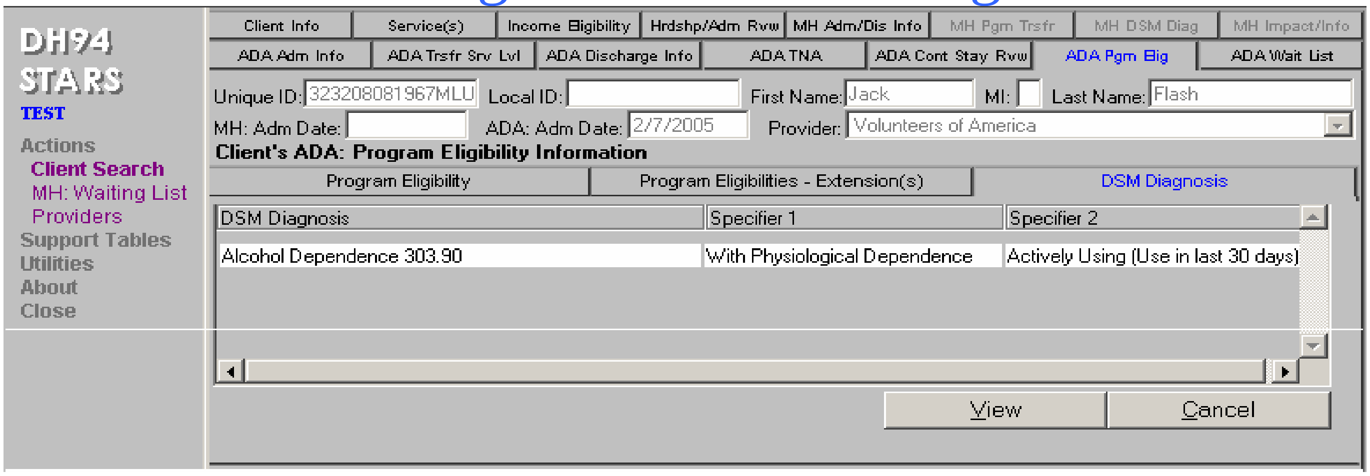
<u>Extension Begin Dates:</u> This is a date field which is completed by state level staff and indicates the begin extension date for the client.

<u>Extension End Date:</u> This is a date field which is completed by state level staff and indicates the end extension date for the client.
<u>Extension T-19 Approval Date:</u> This is a date field which is completed by state level staff and indicates the date the extension was approved by the division.

<u>Extension Prior Auth:</u> This is a text box which is completed by state level staff and will have the prior authorization assigned to the client for the particular service, as well as the total units of service, and the code it will be billed under such as Code W3020.

Command Buttons –**<u>“Save”</u>** will save the Client’s Program Eligibilities Extension(s) information.
<u>“Cancel”</u> will take you back to the Program Eligibilities Extension(s) List Screen.

Alcohol and Drug Abuse: DSM Diagnosis Screen

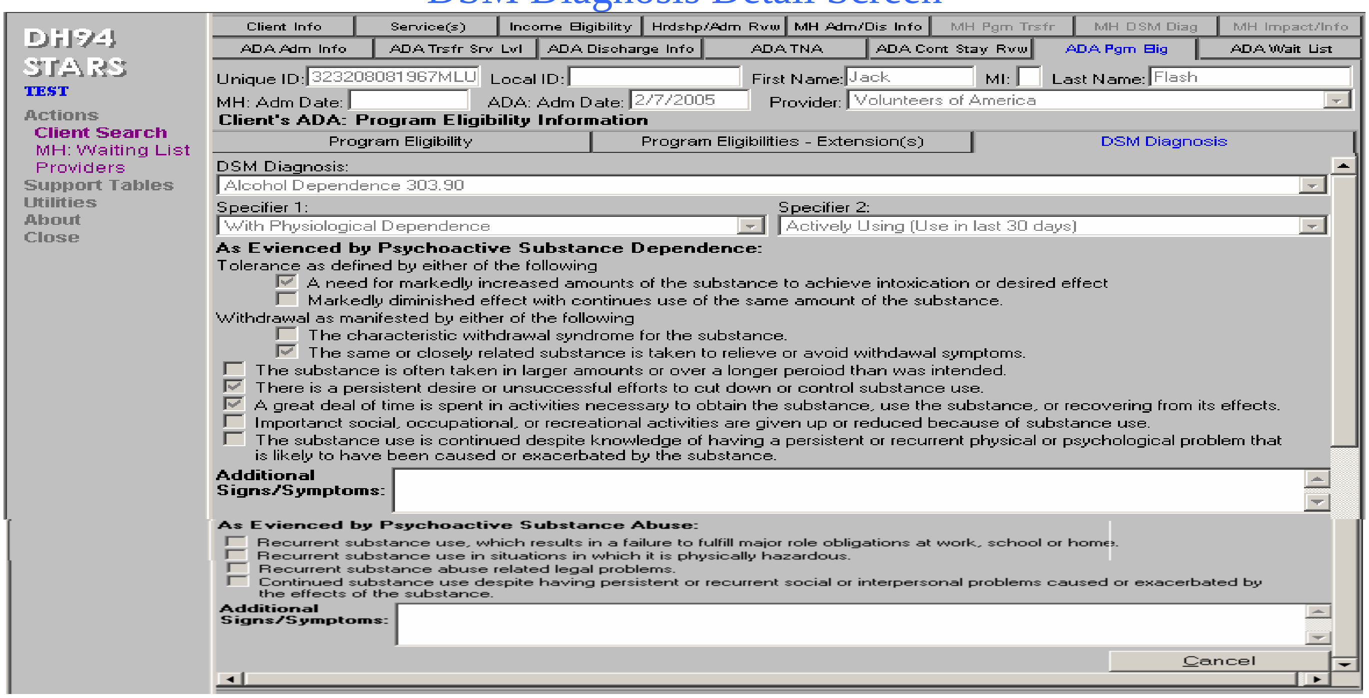


The DSM Diagnosis Screen is a **view screen only**. To get to it click the **<u>"DSM Diagnosis"</u>** Tab under the main <u>ADA Pgm Elig</u> Tab.

Command Buttons –

<u>"View"</u> will go to the DSM Diagnosis Detail Screen to View the Client's DSM Diagnosis Information.
<u>"Cancel"</u> will go to the Program Eligibility List Screen.

DSM Diagnosis Detail Screen



To get to the DSM Diagnosis Detail Screen, which is a view screen only, click the DSM Diagnosis List screen. Select a specific diagnosis and click **<u>"View"</u>**.
<u>"Cancel"</u> will take you back to the DSM Diagnosis List Screen.

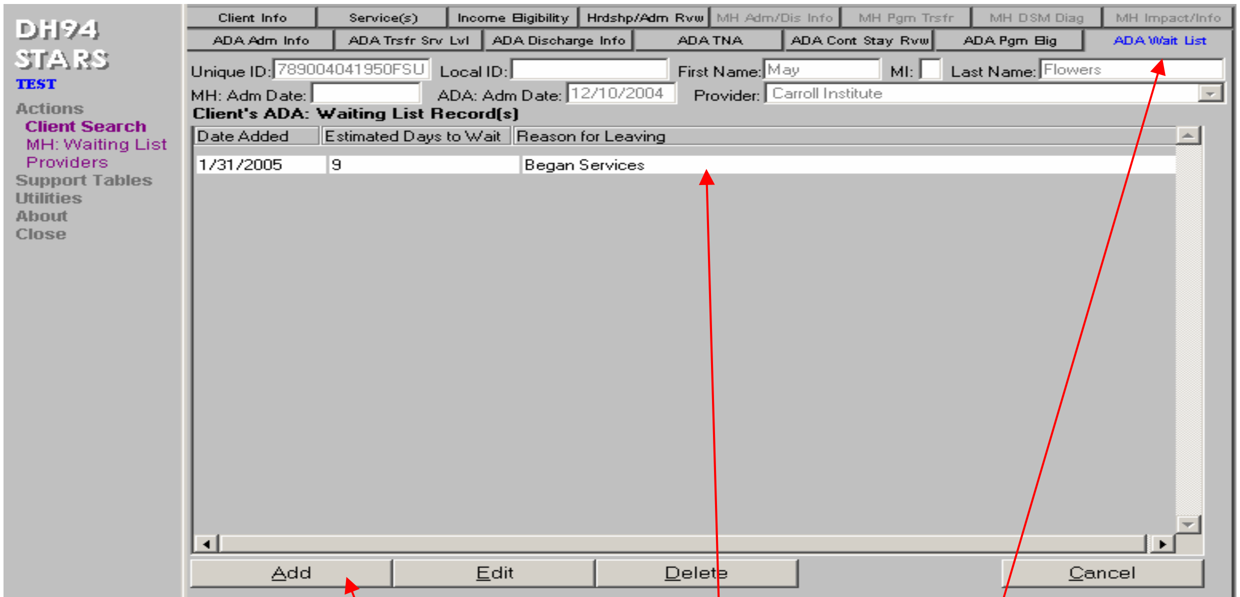
If the provider wishes to change the DSM Diagnosis, then you will need to click on the <u>ADA TNA</u> tab, and select the <u>DSM Diagnosis</u> tab. If the ADA TNA has already been sent to DHS, then the user can <u>update</u> the TNA or contact state level staff to <u>Edit</u> the existing TNA. To update or edit the ADA TNA, refer to the TNA section of the manual.

SECTION “H”
ADA WAITING LIST/INTERIM SERVICES

1. Alcohol & Drug Abuse Waiting List Screen
2. Alcohol & Drug Abuse Waiting List Detail Screen

Alcohol and Drug Abuse Waiting List Screen

TO BE USED FOR IV DRUG USERS AND PREGNANT CLIENTS



1. The "Alcohol and Drug Abuse Waiting List Screen" can only be accessed after a client has been entered into the "Client Search Screen and the "Client Information Screen" has been completed. On the top menu bar on the "Client Information Screen" click on the "ADA Wait List" tab to open the above screen.

2. **To enter a new record,** click on the "Add" tab on the above screen which will open up the "Waiting List Detail Screen"

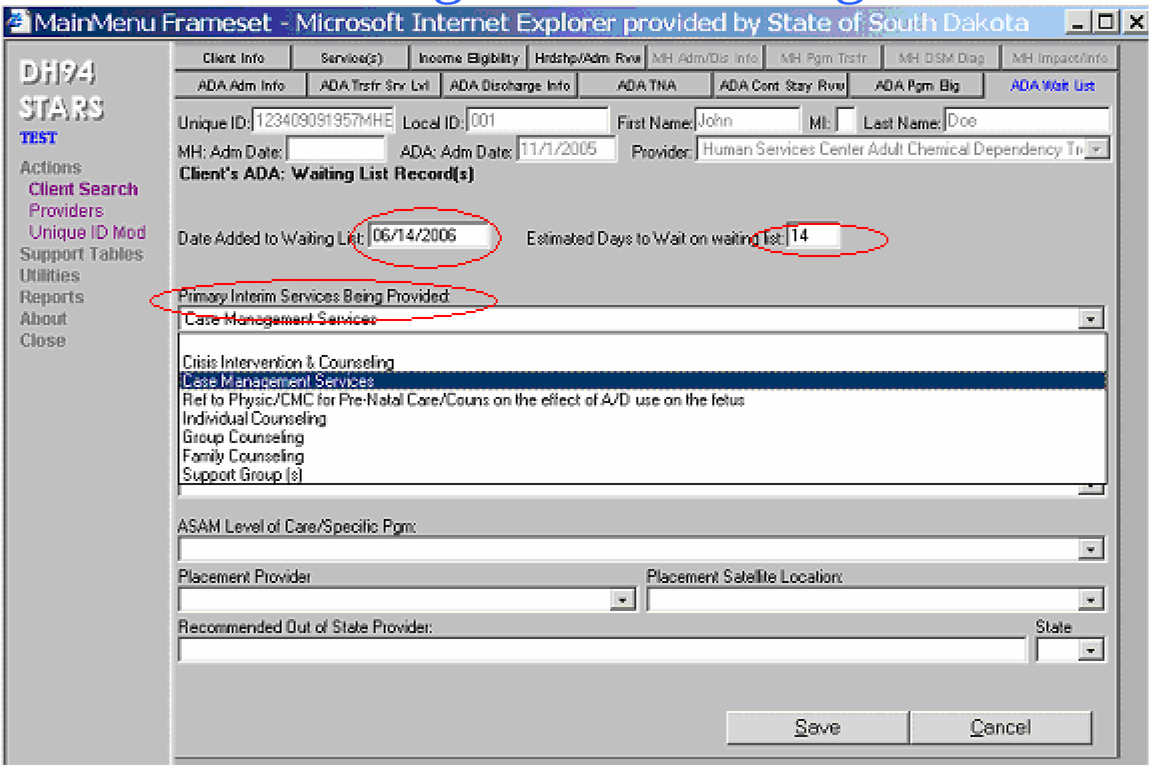
3. **To edit an existing record** on the above screen, click on the record and then the "Edit" tab which will open up the "Waiting List Detail Screen". Make the necessary changes and click on the "Save" tab to retain the information.

4. **To delete an existing record** on the above screen, click on the record and then the "Delete" tab which a system prompt will ask if you "Are sure you want to delete?" Click on "Yes" to delete the record.

5. The "Cancel "tab" will return you to the "Client Search Screen"

6. The Add, Edit and Delete tabs will be enabled based on assigned user security level.

Alcohol and Drug Abuse Waiting List Detail Screen

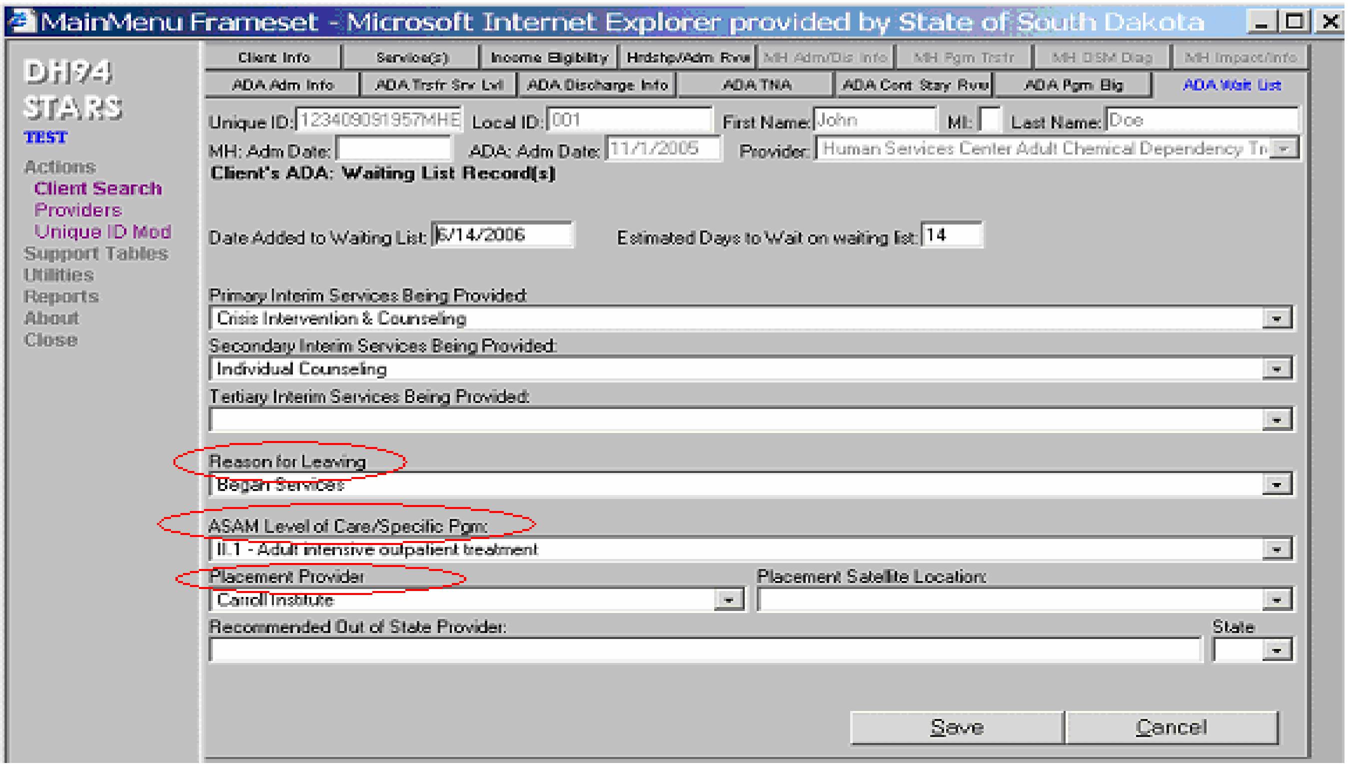


1. To open up the above screen, click on the “Add”” tab on the “Waiting List Screen”
   To edit a record, first click on the record and then the “Edit” tab on the “Waiting List Screen.”

2. **To enter a new record**, complete the fields circled in **RED** above: Date Added to Waiting List, Estimated Days to Wait on Waiting List, and one or more of the Interim services being provided to the client while being placed on the waiting list.

3. Click on “Save” tab to retain the record.

Alcohol and Drug Abuse Waiting List Detail Screen



1. To complete the record after the client enters the appropriate services, locate the client from the "Client Search Screen" and double click on the record which will open up the "Client Information Screen."

2. On the "Client Information Screen" click on "<u>ADA Wait List"</u> tab located on the top menu bar and then locate the client record on the "Waiting List Screen." Single click on the record and then click on the "Edit" tab which will open up the above screen.

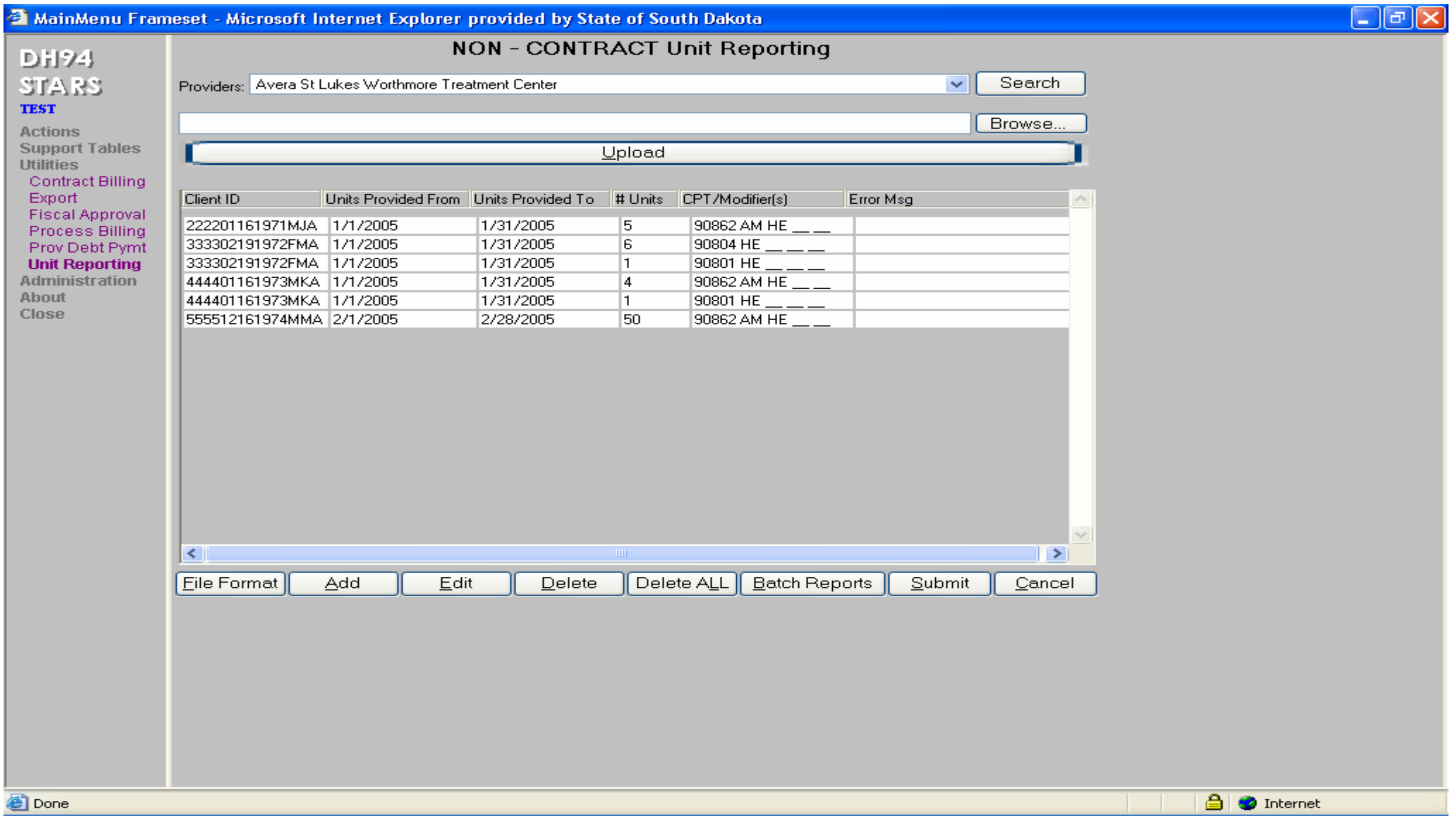
3. Complete the fields circled in **RED** above: Reason for Leaving, ASAM Level of Care/Specific Placement Provider/Satellite Location. Click on <u>"Save"</u> to retain the record

4. If a "<u>Out of State Provider</u>" is being referred to, type the name in the text box and identify the <u>State</u> in the dropdown list.

5. The "Cancel "tab" will return to the Waiting List Screen"

SECTION "I"
NON-CONTRACT UNIT REPORTING

NON-CONTRACT Unit Reporting



1. “Non-Contract Unit Reporting Screen” is accessed by clicking on “Unit Reporting” under “Utilities” on the side menu.

2. Non-contract units are considered units <u>not billed</u> to the Divisions of Alcohol & Drug Abuse and/or Mental Health contracts or to the Department of Social Services Title XIX.

3. Providers will only see their provider name and the non-contract units they have entered.

4. Non-contract units will be added by the Provider.

5. The “Add” tab will open the “Non-Contract Unit Reporting” detail screen.

6. To edit a Non-Contract unit record, click on the record and then the “Edit” tab or double click on the record and the “Non-Contract Unit Reporting” detail screen will open.

7. To delete a record, click on the record and then the “Delete” tab. A “Confirm Delete” box will appear with yes/no options. Clicking “Yes” will delete the record; clicking “No” will leave the record as is.

8. To delete all records listed click on the “Delete ALL” button. A “Confirm Delete” box will appear with yes/no options. Clicking “Yes” will delete all the records listed; clicking “No” will leave all records.

9. The “Batch Reports” tab will open a screen containing a summary report of non-contract units submitted.

10. When finished adding, editing, or deleting, click the “Submit” button to submit the additions or changes.

11. “Error Message” – Once the non-contract unit records have been submitted a series of edit checks will be performed to check for errors. Records that have errors will remain on the “Non-Contract Unit Reporting” screen with an error message describing the error. The user can then “Edit” the record, fix the problem, and resubmit the record.

12. “Cancel” will take you back to the Welcome Screen.

13. The “File Format” tab will open a Microsoft Excel spreadsheet with the file layout for batching the non-contract units into STARS.

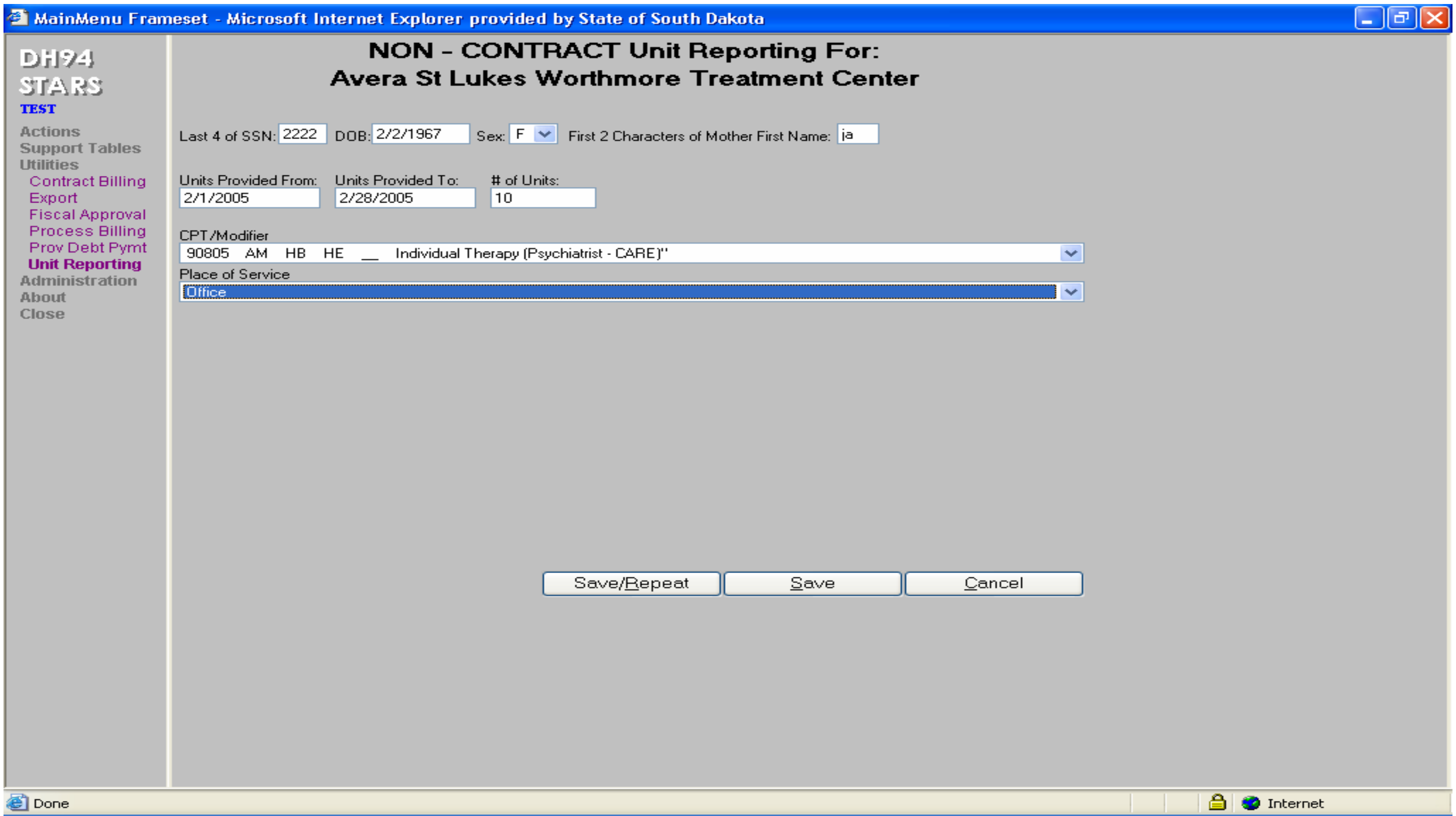
14. To batch load the non-contract units click on “Browse” to locate the file to be uploaded.

15. Click on “Upload” to upload the non-contract units into STARS.

16. Once uploaded the non-contract unit records will show on the “Non-Contract Unit Reporting” screen.

17. Click on the “Submit” button to submit the records.

NON-CONTRACT Unit Reporting Detail Screen



1. The “Non-Contract Unit Reporting” detail screen can be accessed by double clicking on a record on the “Non Contract Unit Reporting” screen or by highlighting a record and clicking on the “Add” or “Edit” tabs located at the bottom of the “Non-Contract Unit Reporting” screen.

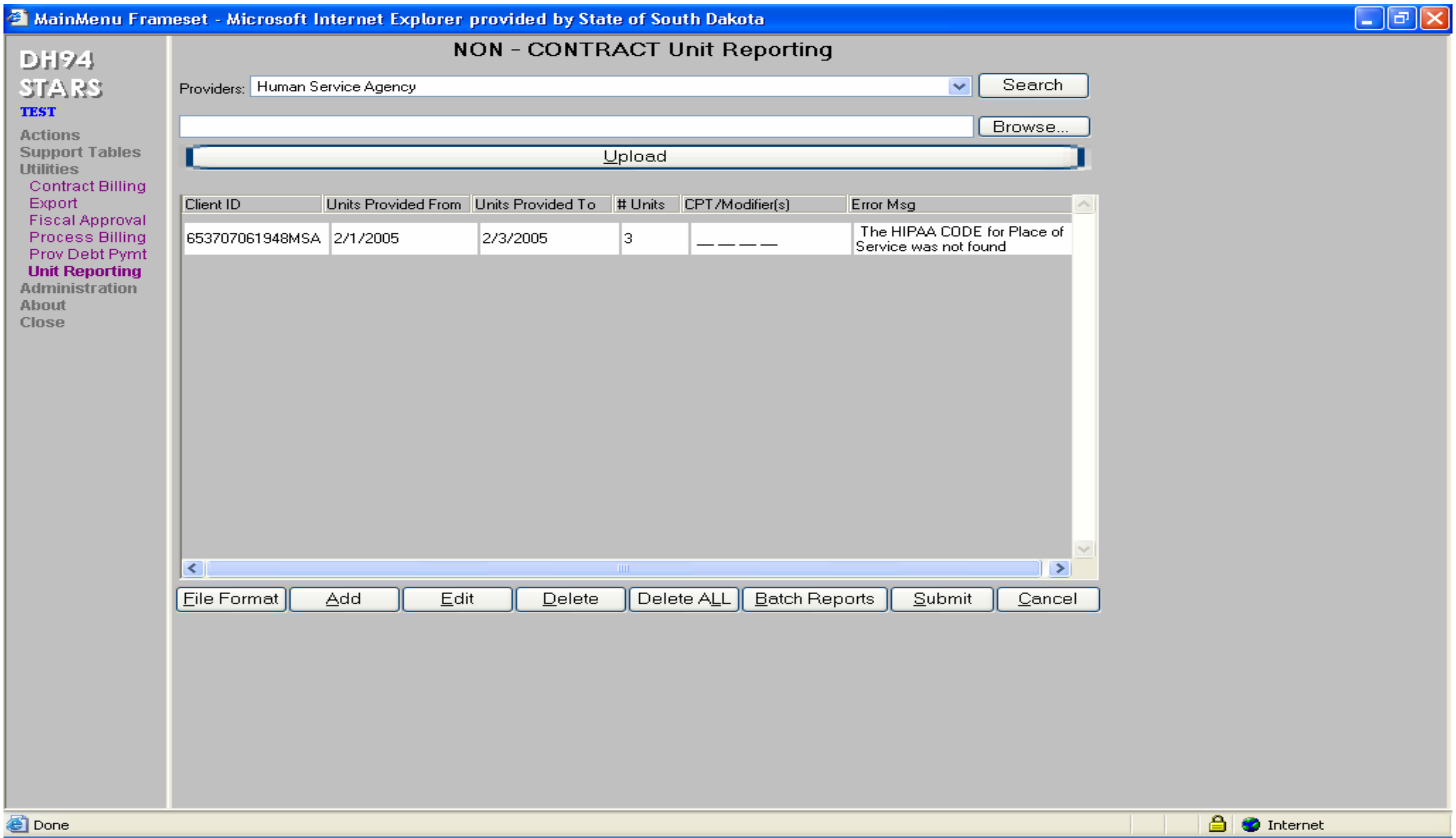
2. The required fields for adding a new record include:
   - Client ID (Last 4 of SSN, DOB, Sex, First 2 Characters of Mother’s First Name)
   - Dates of Service (Units Provided From, Units Provided To). The current reporting month will be the default. The dates can be changed if needed.
   - # of Units
   - CPT/Modifier
   - Place of Service

3. “Save/Repeat” will Save the record and will only clear out the CPT/Modifiers and Units fields allowing another entry for the same client. “Save/Repeat is only available when adding a new record.

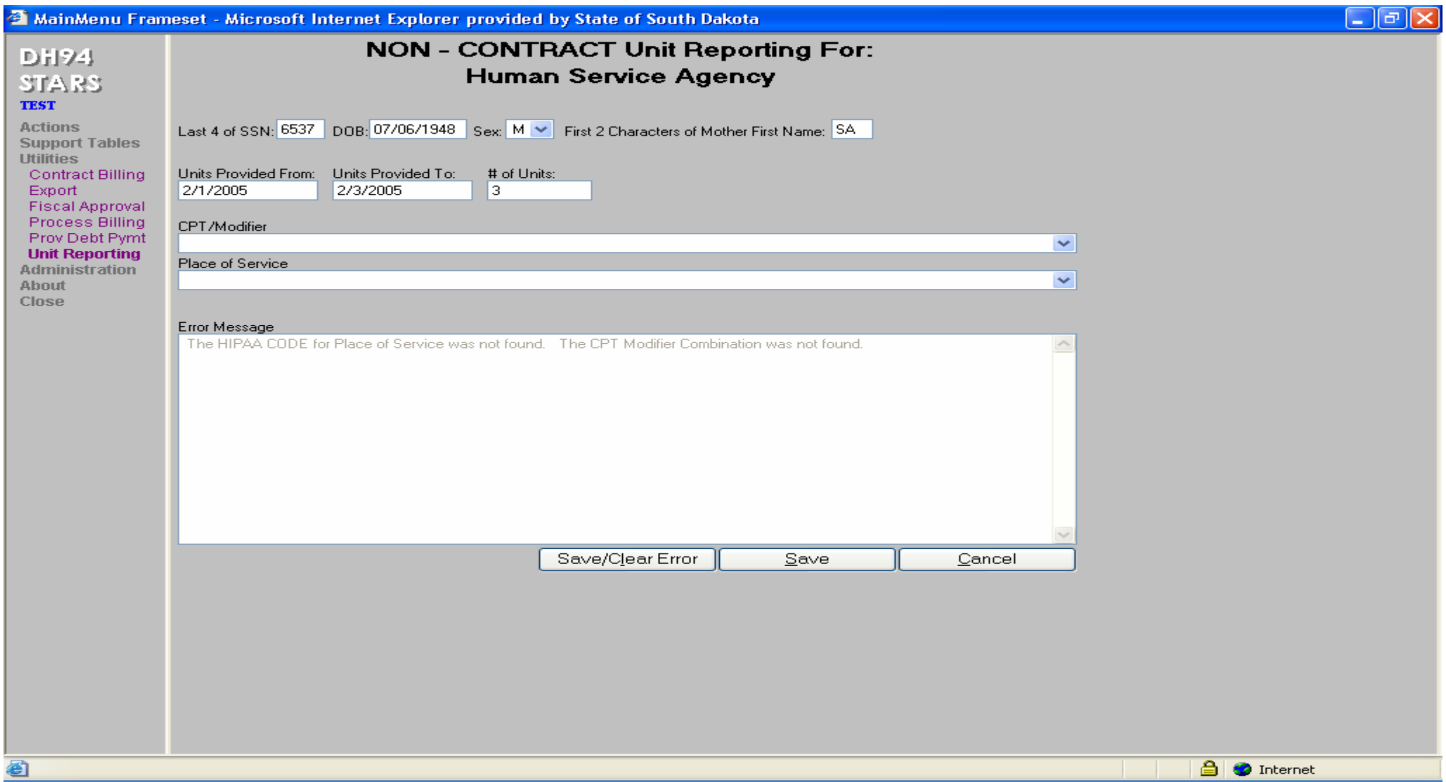
4. “Save” will save the record. It will stay on this screen, clearing out all fields, to enter another entry for the same or a different client.

5. “Cancel” will take you back to the “Non-Contract Unit Reporting Screen”

NON-CONTRACT Unit Reporting Screen (with error message)

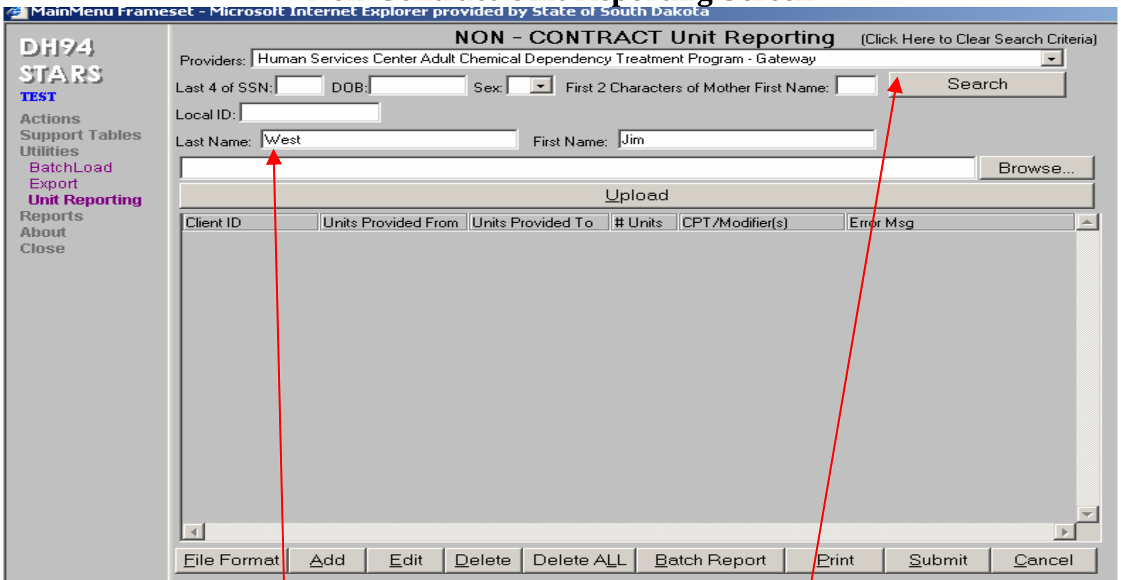


NON-CONTRACT Unit Reporting Detail Screen (with error message)

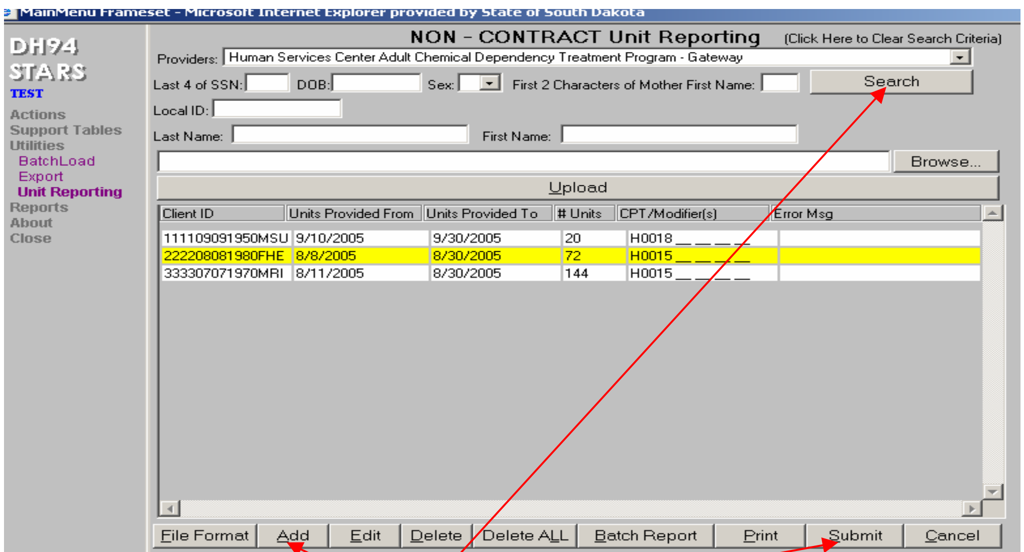


NON-CONTRACT CLIENT SEARCH PROCEDURES

Non-Contract Unit Reporting Screen



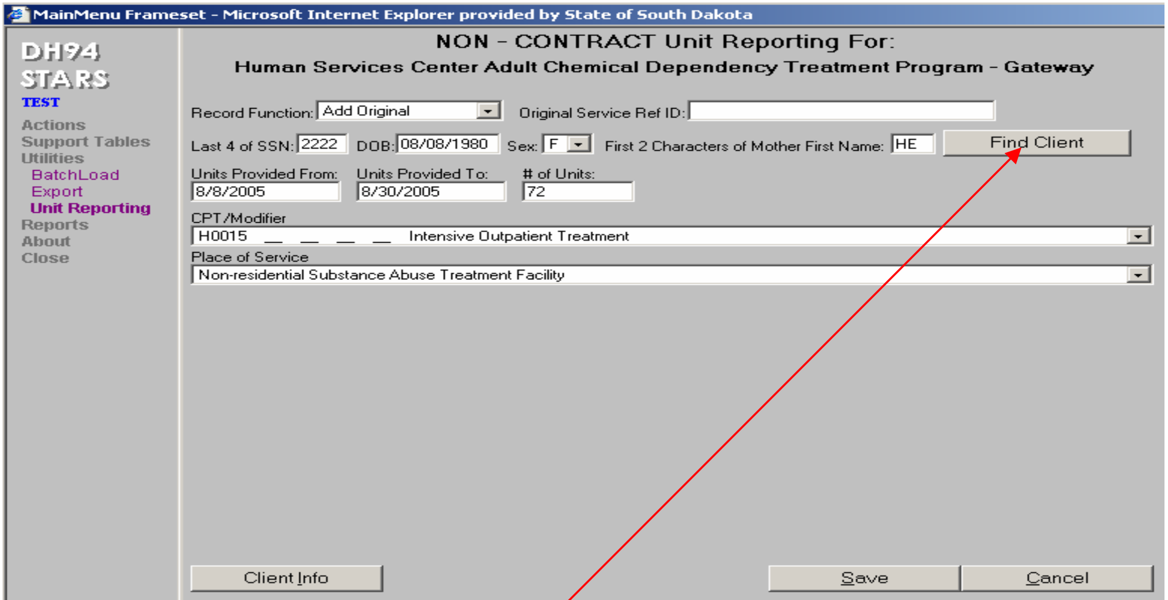
1. To search for a client's individual units that have been entered in but not yet **Submitted** Enter the Client Unique ID# or Last and First Name and click on the Search Tab.



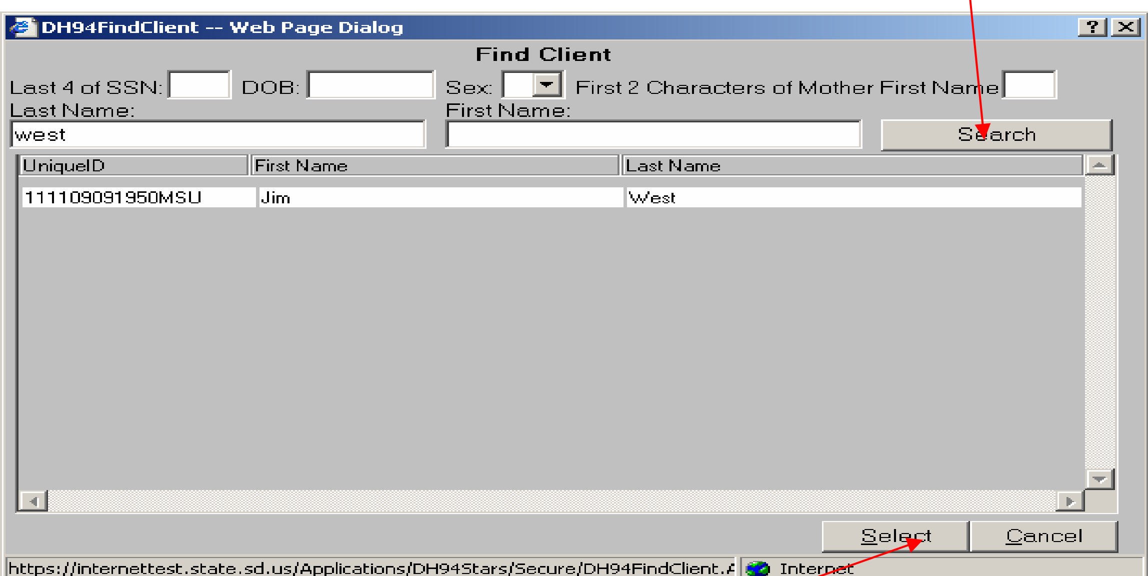
2. To see all clients that have had their units entered in but not yet **Submitted** on the Unit reporting Screen, click on the Search Tab. **In order to submit the units to the State, click on the Submit Button.**

3. To search for a client to enter reporting units, click on the "Add" tab on the bottom menu on the Non-contract Unit Reporting Screen. This will open up the Non-contract Unit Reporting Detail Screen.

DETAILED NON-CONTRACT REPORTING SCREEN

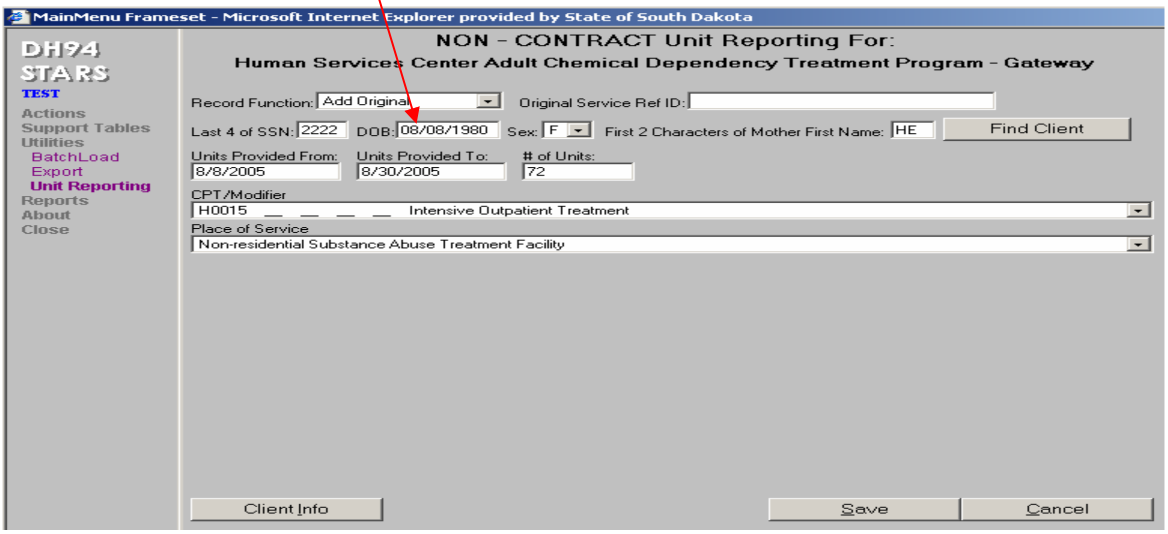


4. On the Detail Screen, click on "Find Client" tab and the "Find client Screen will open up where you can enter the last name or client Unique ID# and then tab on the "Search" tab.



5. This will list the client on the screen, single click on the name which will then highlight the name and tab on select

6. This will populate the Unique ID# fields below on the Non-contract Unit Reporting Detail Screen below where you can enter the unit information and then click on “Save” or “Save and Repeat” tab if you have other units to report on this same client.

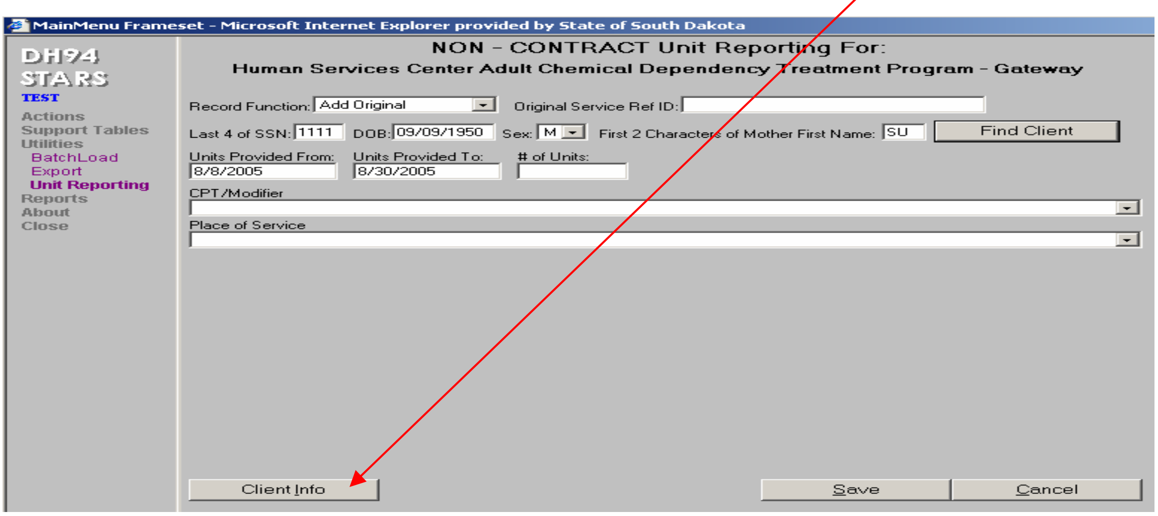


To Edit A Non-Contract Record on the Non-Contract Screen:

1. Locate the record through the search process as described in either number 1 or 2 previously listed.

2. Single click on the record and then tab on the “Edit” tab. This opens the Non-Contract Unit Reporting Detailed Screen. Make the necessary changes and then click on “Save:

3. If it is necessary to search for the Client Information, click on the “Client Info” tab on the bottom of the screen and this will open the “Client Information Screen” without having to exit the Unit Reporting Screens. Clicking “Cancel” on the Client Information Screen will return to the Unit Reporting Screen.

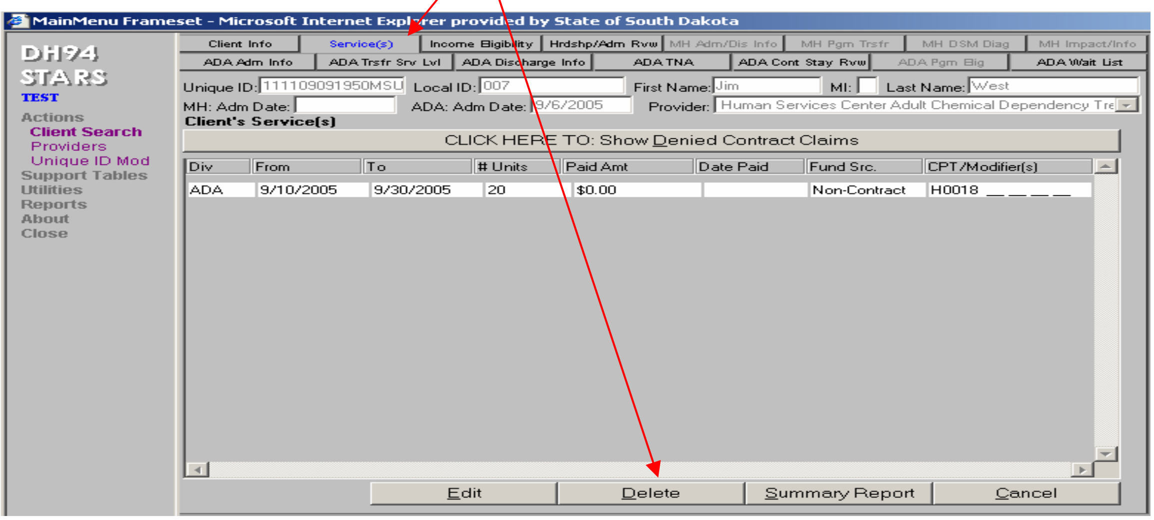


Viewing Non-Contracted Units Once They Have Been Submitted On the Non-Contract Screen

1. Search for the client on the “Client Search” Screen and then tab on “Most Recent”. This will open up the “Client Information” Screen where the “Services” tab is located on the top menu bar.

2. Click on the “Services” tab and the below screen will display what units have been submitted to the State.

3. If the units are incorrect, one way to delete the Non-Contracted record is by single clicking on the record and tabbing on the delete tab at the bottom of the screen. Correcting the record requires re-entering the correct units back on the “Non-Contract Reporting Screen” and submitting the record again.



Index for Place of Service Drop Down Box

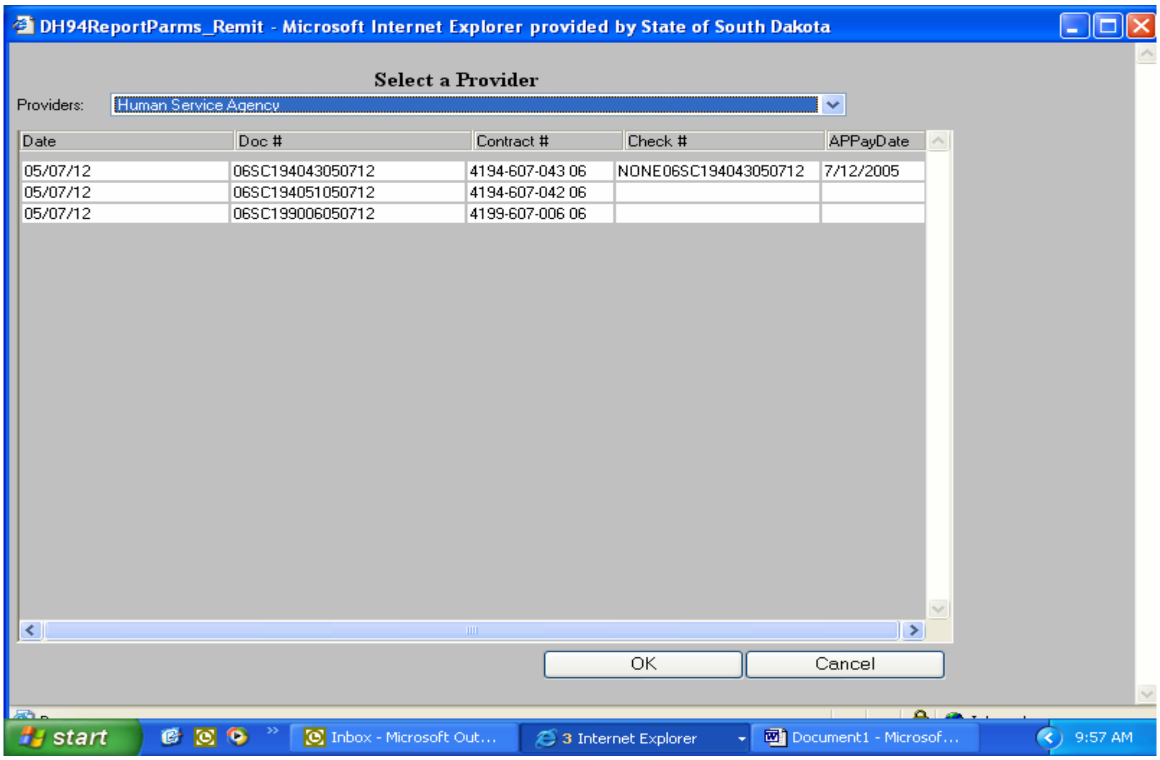
Assisted Living Facility
Group Home
Mobile Unit
Urgent Care Facility
School
Homeless Shelter
Indian Health Service Free-standing Facility
Indian Health Service Provider-based Facility
Tribal 638 Free Standing Facility
Tribal 638 Provider Based Facility
Office
Home
Inpatient Hospital
Outpatient Hospital
Emergency Room – Hospital
Ambulatory Surgical Center
Birthing Center
Military Treatment Facility
Skilled Nursing Facility
Nursing Facility
Custodial Care Facility
Hospice
Ambulance – Land
Ambulance – Air or Water
Federally Qualified Health Center
Inpatient Psychiatric Facility
Psychiatric Facility Partial Hospitalization
Community Mental Health Center
Intermediate Care Facility/Mentally Retarded
Residential Substance Abuse Treatment Facility
Non-Residential Substance Abuse Treatment Facility
Psychiatric Residential Treatment Center
Mass Immunization Center
Comprehensive Inpatient Rehabilitation Facility
Comprehensive Outpatient Rehabilitation Facility
End Stage Renal Disease Treatment Facility
State of Local Public Health Clinic
Rural Health Clinic
Independent Laboratory
Other Unlisted Facility

SECTION “J”
INSTRUCTIONS FOR PRINTING/VIEWING/EXPORTING REMITTANCE ADVICE

REMITTANCE VIEWING

Go to the Reports option.
In the drop down box select "DH94 STARS Fiscal Reports".
Double Click on the "contract remittance" line.

Select your agency.



Double click on the contract number you want to review the remittance for.

Note: In the "check number" column if it says "none" that means no claims paid.
The "AP Pay Date" is the date the payment was processed in STARS. The actual ACH payment to you should be received 5-7 days following that date depending upon holidays and final approval from the State Auditor for payment.

Following is a sample remittance advice. This particular sample shows Page 8 which includes the total amount of all paid claims. Following the paid claims, you'll see the list of denied claims and denial reasons.

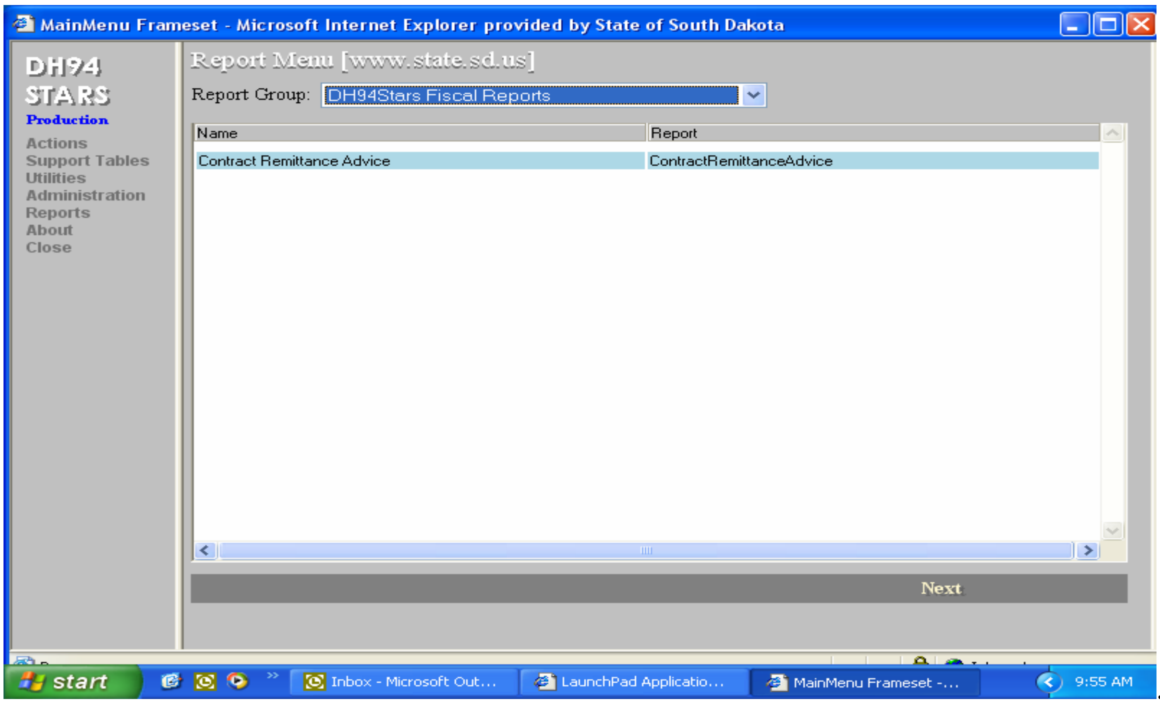
The denial reasons will point you to what you need to correct either in STARS on the demographic module or with the information you are sending for billing purposes. You can print a copy of the remittance, export it to another file, or simply view it and navigate through each page by using the forward and backward arrow keys.

REMITTANCE VIEWING

Some of the paid claims may have only a part of the claim that paid. You'll need to evaluate the reason code in the "adjustment reason code" (see sample remittance below). You must fix any errors in STARS as outlined by the "adjustment reason code" before doing the following: For this type of claim you have two options to resolve for payment:

1) Void the original claim using the reference number identified on the remittance
2) Submit a replacement and include all the service lines included on the original claim and again use the reference number from the original claim

REMITTANCE VIEWING



Crystal Report Viewer - Microsoft Internet Explorer provided by State of South Dakota

100% | 1 of 1+

Preview

Units: 40 Charged: $150.00 COB: $0.00 Paid: $150.00 Adj Rsn Codes:

37004131975FRU Med Rec #: Date Paid: Chk/ACH #:
Units: 80 Charged: $300.00 COB: $0.00 Paid: $300.00 Adj Rsn Codes:

71202211984MSU Med Rec #: Date Paid: Chk/ACH #:
Units: 12 Charged: $45.00 COB: $0.00 Paid: $45.00 Adj Rsn Codes:

72306021959MSU Med Rec #: Date Paid: Chk/ACH #:
Units: 2 Charged: $25.50 COB: $0.00 Paid: $25.50 Adj Rsn Codes:

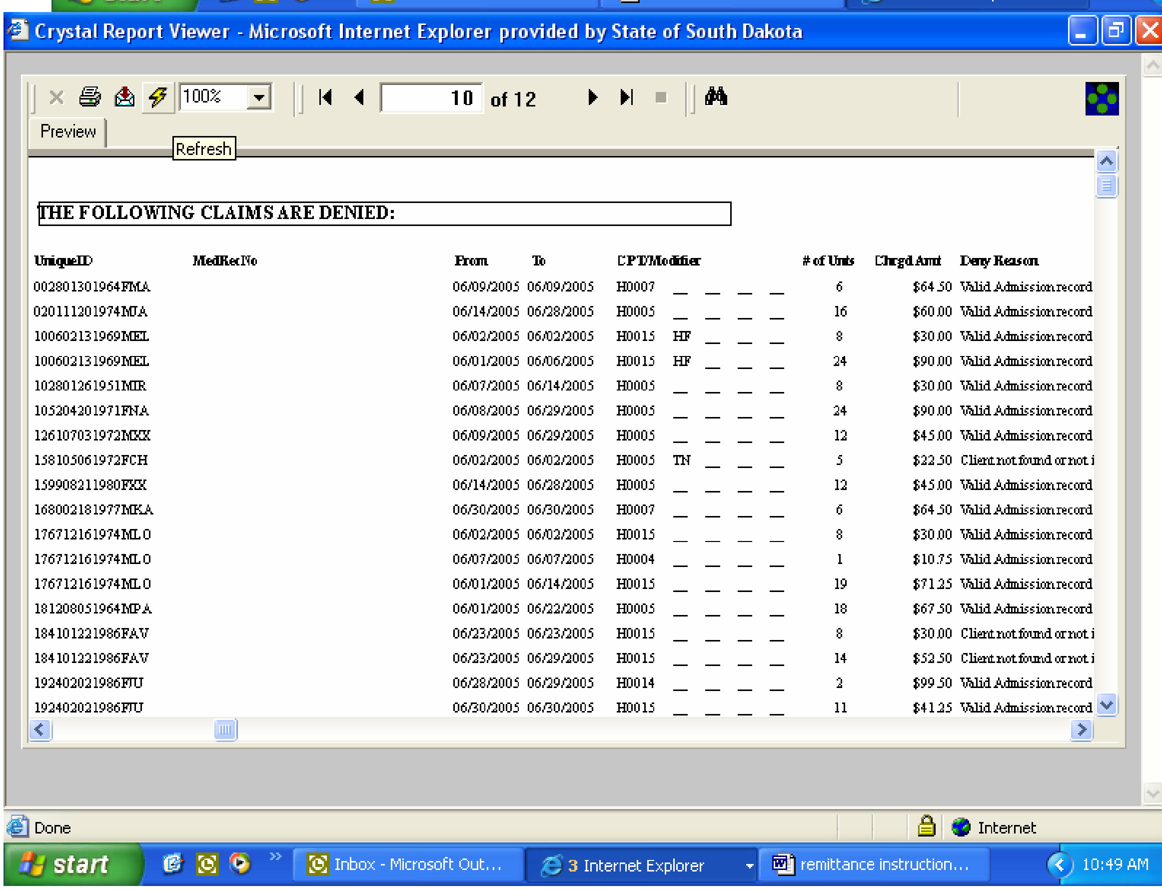
79309171975MJO Med Rec #: Date Paid: Chk/ACH #:
Units: 0 Charged: $204.25 COB: $0.00 Paid: $0.00 Adj Rsn Codes: 1105
Units: 6 Charged: $64.50 COB: $0.00 Paid: $64.50 Adj Rsn Codes:
Units: 92 Charged: $345.00 COB: $0.00 Paid: $345.00 Adj Rsn Codes:

02801261951MIR Med Rec #: Date Paid: Chk/ACH #:
Units: 4 Charged: $15.00 COB: $0.00 Paid: $15.00 Adj Rsn Codes:

38501191977MLI Med Rec #: Date Paid: Chk/ACH #:
Units: 0 Charged: $86.00 COB: $0.00 Paid: $0.00 Adj Rsn Codes: 1088
Units: 1 Charged: $10.75 COB: $0.00 Paid: $10.75 Adj Rsn Codes:

38912101948MTH Med Rec #: Date Paid: Chk/ACH #:
Units: 1 Charged: $12.75 COB: $0.00 Paid: $12.75 Adj Rsn Codes:

start | 2 Microsoft Outlook | remittance instruction... | 3 Internet Explorer | 2:36 PM



Crystal Report Viewer - Microsoft Internet Explorer provided by State of South Dakota

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Preview | Refresh

THE FOLLOWING CLAIMS ARE DENIED:

UniqueID	MedRecNo	From	To	CPT/Modifier					# of Units	Chrgd Amt	Deny Reason
002801301964FMA		06/09/2005	06/09/2005	H0007	__	__	__	__	6	$64.50	Valid Admission record
020111201974MJA		06/14/2005	06/28/2005	H0005	__	__	__	__	16	$60.00	Valid Admission record
100602131969MEL		06/02/2005	06/02/2005	H0015	HF	__	__	__	8	$30.00	Valid Admission record
100602131969MEL		06/01/2005	06/06/2005	H0015	HF	__	__	__	24	$90.00	Valid Admission record
102801261951MIR		06/07/2005	06/14/2005	H0005	__	__	__	__	8	$30.00	Valid Admission record
105204201971FNA		06/08/2005	06/29/2005	H0005	__	__	__	__	24	$90.00	Valid Admission record
126107031972MXX		06/09/2005	06/29/2005	H0005	__	__	__	__	12	$45.00	Valid Admission record
158105061972FCH		06/02/2005	06/02/2005	H0005	TN	__	__	__	5	$22.50	Client not found or not i
159908211980FXX		06/14/2005	06/28/2005	H0005	__	__	__	__	12	$45.00	Valid Admission record
168002181977MKA		06/30/2005	06/30/2005	H0007	__	__	__	__	6	$64.50	Valid Admission record
176712161974MLO		06/02/2005	06/02/2005	H0015	__	__	__	__	8	$30.00	Valid Admission record
176712161974MLO		06/07/2005	06/07/2005	H0004	__	__	__	__	1	$10.75	Valid Admission record
176712161974MLO		06/01/2005	06/14/2005	H0015	__	__	__	__	19	$71.25	Valid Admission record
181208051964MPA		06/01/2005	06/22/2005	H0005	__	__	__	__	18	$67.50	Valid Admission record
184101221986FAV		06/23/2005	06/23/2005	H0015	__	__	__	__	8	$30.00	Client not found or not i
184101221986FAV		06/23/2005	06/29/2005	H0015	__	__	__	__	14	$52.50	Client not found or not i
192402021986FJU		06/28/2005	06/29/2005	H0014	__	__	__	__	2	$99.50	Valid Admission record
192402021986FJU		06/30/2005	06/30/2005	H0015	__	__	__	__	11	$41.25	Valid Admission record

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If you have any questions regarding your remittance advice or payment contact:

Chemical Dependency Claims: Jackie Shepherd at (605) 773-5990 or via email at Jackie.Shepherd@state.sd.us

Mental Health Claims: Mary Richards at (605) 773-5990 or via email at Mary.Richards@state.sd.us

SECTION "K"
SUPPLEMENTAL INFORMATION

1. Running System Reports – Not yet completed
2. Client Admission Information
3. Gambling Admission Information
4. Client Transfer Information
5. Discharge Information
6. Confidentiality Information
7. 90% Reporting Information
8. Waiting List & Interim Services Information
9. Treatment Needs Assessment Information
10. Continue Stay Review Information
11. Deletion of System Client Record Information

CLIENT ADMISSION INFORMATION

A client is defined as a person who has been admitted for treatment of his/her own drug or alcohol problem. As a rule, the Client Info, ADA Admission Information, Income Eligibility and ADA Discharge Info screen will be completed during the course of a treatment episode. In addition, the Unit Reporting Screen will be completed if the service units are being recorded as a non-contractual service. Only in the case where a client changes an ASAM level of service within the provider will the ADA Trsfr Srv Lvl screen be required. For example a client that recently completed Level II.1 outpatient treatment and now is going to enter Level I aftercare services that are provided by that same agency will need to have a transfer record completed. This transfer would be noted on the transfer screen and treatment would continue. Specific examples or when a transfer is required are explained further in the Client Transfer section.

A Co-Dependent is defined as a person who has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user. As a rule the following screens with selected fields will need to be completed during a treatment episode, the Client Information, ADA Admission. Information, Income Eligibility, and ADA Discharge Information screen. The Unit Reporting Screen will need completing only if it is being recorded as a non-contractual service. No ADA Transfer Service Level can occur at this service level which is explained in the Client Transfer section. The ASAM level <u>0.5 co-dependent treatment only</u> is to be used for the ASAM level/Specific Program dropdown on the ADA Adm. screen. All other required fields are highlighted.

To enter a client who is only receiving a Treatment Needs Assessment, the Client Information, Income Eligibility screen are to be completed and Unit Reporting Screen completed if it is being recorded as a non-contractual service. The ADA Adm. information is not required since this type of services is not required to be reported to the Treatment Episode Data Set (TEDS) However, if at a later time when a client who had a Treatment Needs Assessment is admitted into an ASAM treatment level, then the ADA Adm. information screen will need to be completed.

GAMBLING ADMISSION INFORMATION

To enter a Pathological Gambling client into STARS that does not have a DSM Substance abuse diagnosis, the following steps are recommended. Enter the unique ID on the Client Search Screen, and required fields on the Client Info Screen. Then proceed to the Income Eligibility screen where the intake date will be listed with the annual net income and number in household fields needing to be completed. After the information is entered and saved, a Client's Income Eligibility Record will be listed indicating if the client meets the 185% poverty guidelines for funding eligibility.

Once this information is recorded, proceed to the ADA Admission Information screen and complete the following fields. The Co-Dependent field should be "No" and if the client is being State Funded, a release of information needs to be completed to the Department of Human Services for funding purposes and then check the ROI box that this has been completed. Next, identify the Gambling ASAM Level/Specific Program and continue completing the highlighted fields on the screen.

Under the Substance Abuse Information, the fields have been programmed as "Not Applicable" since this area does not apply to a client that only has a gambling problem. The next area that needs completing is under the Gambling Information section where Pathological Gambling will be selected in the Gambling Diagnosis Field. Once this has been identified, continue to complete the highlighted fields and then complete the Legal History section if this applies to the client. Once all of the correct information has been entered into this screen, you can then save the record.

CLIENT TRANSFER INFORMATION

If a co-dependent client was identified at admission and was placed in ASAM level 0.5 "Co-Dependent treatment only" and then becomes a "substance abuse client" a new admission record needs to occur. No client transfers can occur from a Co-Dependent client that was placed in "ASAM 0.5 Co-Dependent treatment only" to any ASAM level Gambling or Non-Gambling on the Client Transfer screen, therefore a discharge record would be required for this client. The following would then need to occur. The new admission record would indicate "No" in the Co-Dependent dropdown box and the client could not be placed in ASAM level "0.5 Codependent treatment only" or any of the specific ASAM Gambling treatment levels.

The same is true if a substance abuse client or gambling specific client was identified at admission and was placed in any of the ASAM levels of care other than "0.5 Co-Dependent treatment only" and then becomes a "Co-Dependent client", a discharge record and new admission record would need to occur. The new admission record would indicate "Yes" in the Co-Dependent dropdown box and the client must be placed in the" ASAM level 0.5 Co-dependent treatment only". No clients in any of the ASAM levels of care, Non-Gambling or Gambling on the Client Transfer Screen can transfer to "ASAM 0.5 Co-Dependent treatment only" or vise versa.

If a specific Gambling client was identified at admission and was placed in one of the Gambling ASAM levels and then becomes a "substance abuse client" A discharge record and a new admission record needs to occur for this client. The new admission record would indicate the client being placed in an ASAM level other than "0.5 Codependent treatment only" or any of the specific ASAM Gambling treatment levels.

No transfers can occur from a Gambling client in any of the ASAM Gambling treatment levels to either a Co-Dependent ASAM 0.5 treatment level or any of the Non-Gambling ASAM levels of treatment on the Client Transfer screen.

If a specific substance abuse client was identified at admission and was placed in one of the Non-Gambling ASAM levels and then becomes a specific "Gambling client" Meaning the client has no longer a substance abuse/dependence diagnosis, a discharge record and a new admission record needs to occur for this client. The new admission record would indicate the client being placed in an ASAM level other than "0.5 Codependent treatment only" or any of the specific ASAM Non-Gambling treatment levels.

In the case where a specific substance abuse client was identified at admission and was placed in one of the Non- Gambling ASAM levels and then later is identified while in that same level of treatment as also having a gambling diagnosis, there is no need to produce a new admission record. For this type of situation you can add the additional gambling information into the previous established admission record, however the client must remain in the same Non-Gambling ASAM level.

No transfers can occur on the Client Transfer Screen between any of the Non-Gambling services levels to "Co-Dependent treatment only" or the specific Gambling ASAM levels.

ALCOHOL & DRUG DISCHARGE INFORMATION

When a client completes a treatment service (s) or services are terminated for various reasons, a discharge record occurs and this discharge information is to be recorded on the ADA Discharge Information screen. To further explain some of the fields for clarification, the following information is being provided. In regards to the Co-Dependent field, the responses are either “Yes” or “No” which could mean if marked “Yes” at the time of discharge means the client was admitted as a co-dependent on the client ADA Admission Information screen and remains at this status at discharge. Or the client was admitted as “No” as a co-dependent at admission and then is identified later during the course of treatment as a co-dependent, meaning the client has no substance abuse or dependent DSM diagnosis, then the client would be discharged as “Yes” regarding being co-dependent on the discharge screen.

In regards to completing the Primary, Secondary, Tertiary and Gambling fields and frequency on the discharge screen the following guidelines are required. If the client had listed any drugs in either of the Primary, Secondary or Tertiary Drug code in the ADA Admission Information screen then these same drugs will be forwarded to the Discharge Primary, Secondary and Tertiary fields. The frequency at discharge will need to be completed. If Pathological Gambling diagnosis is listed on ADA Admission Information screen then the Gambling frequency needs to be completed.

When completing the “Referrals” section on the discharge screen, if the Alcohol & Drug Provider is checked, then an ADA Provider Referred to at Discharge field will need to list the provider or its ADA Satellite’s location. In addition the “ASAM Level of Care/Specific Program Referred to at Discharge” will need to be completed.

CONFIDENTIALITY RULES & INFORMATION

There are various situations when a release of information will be required when using the STARS management information system. For an agency who only provides alcohol & drug services or an agency that provides both mental health and alcohol & drug services and the client is requesting to be funded by Title XIX, State contract or State Employee Insurance, a release of information is needed. The release allows client information to be released to the Department of Human Services for processing eligibility/ payment. If the client refuses to sign the release, the State cannot determine eligibility or reimburse for any treatment services based on this refusal. The decision whether the local provider decides to deny or permit services when situations like this occur will remain with the agency.

Another situation where a release is needed pertains to those clients who are being seen at an alcohol and drug/ mental health program which are located in the same agency. Since STARS allows the sharing of client information between both programs, a release is needed from the client indicating the client's approval of sharing their information with the mental health or alcohol & drug program. There is no required check box verifying if this Release of Information (ROI) has been obtained within the STARS system. The ROI check boxes viewed on various screens pertain to releasing or revoking client information to the State and not between community mental health and alcohol and drug programs.

If the client refuses to sign a release between the alcohol & drug and mental health program, the agency will need to develop a policy on how they are going to address situations of this nature. A possible option would be to provide the service and not record the services in the STARS system. Other possibilities could include exploring the reason for the client resistance and resolve the issue or make a referral to another community program where both alcohol & drug and mental health services are not being provided within the same agency.

When a client revokes a release to the State that is currently receiving State funding, the provider will check the Revoked Release of Information check box and enter the Revoked date on the admission screen. The client's name will continue to show up on the screens related to information prior to the revoked date (admission, billing, TNA, etc) but will no longer show up on screens after the date for State office staff. However, the client's name will still be viewable by all staff at the local provider on all screens. Also as a result of this revocation, the client will need to be removed from the State's funding source paying for the client's services to another non-State funding source.

CLIENT 90% CAPACITY REPORTING INFORMATION

For agencies required by State contract to report when their agency reaches 90% or greater capacity can now achieve this through the Provider's Capacity Information screen or Provider's Satellite Office Capacity screen. To locate this screen, click on the Provider heading under Actions on the left hand side of STARS and then name of the agency. Next, either tab on the Provider's Capacity Info button or Provider's Satellite Office (s) depending on the location of the agency which will open up the Provider Capacity Screen.

When the agency meets the 90% capacity as defined by the agency's client capacity for the given ASAM treatment level, select the level from the ASAM Level of Care Specific Program dropdown. Then proceed to enter the capacity percentage into the "Enter ASAM Level Capacity Percentage % field". Also enter the date when the agency reached the 90% or greater level and also when the agency expects to be below the 90% level.

When this information is saved, it will produce a record on the Provider's Office Records screen showing the client capacity for the identified ASAM Level of Care/Specific Program. The record will remain highlighted in red until the agency documents a date being below the 90% capacity level. This can be done by tabbing on the red highlighted record and then tabbing on the edit button. The only field that is enabled on the capacity screen is the "Date Agency is under 90% Capacity" which will have today's date as the default. This can be changed if the actual date is different and then save the record. The record is then no longer highlighted in red on the Provider Office Record screen to indicate the ASAM treatment level is below 90% capacity.

WAITING LIST AND INTERIM SERVICE REPORTING

Agencies required by State contract to report Intravenous Drug Clients or Pregnant Substance Abusing Women being placed on a waiting list and the interim services being provided can enter this information on the ADA Wait List Screen. The fields needing completion are the date added to the waiting list, estimated days to wait, and up to three different interim services that could be provided. At least one type of interim service must be completed while the client is being placed on the waiting list. Once the client is taken off of the waiting list, identify the reason and if placed in a treatment service, identify the ASAM level and treatment provider.

TREATMENT NEEDS ASSESSMENT INFORMATION

To complete a treatment needs assessment for the first time on a client, you first must enter the client information into the Client Search screen and tab on Add Client. The next required screen that needs completing is the Client Information screen where only the required fields need to be completed unless you choose to add additional information into the system for this client's record. Once the information is saved, this will allow you to click on the ADA TNA button which will bring you to the Treatment Needs Assessment Information screen. Since this is the initial TNA being completed on this client, you will tab on the Add button which will bring you to the Alcohol/Drug/Gambling History screen of the TNA. This is the only button that will be enabled until this screen is saved, then all of the following TNA buttons will be enabled.

Once the History screen appears, the required fields will be highlighted for completion and after all of the client information is entered into the screen, you will then save the information. If you enter cancel, it will bring you back to the ADA TNA screen where you have several other options to choose from.

After saving the Alcohol/Drug/Gambling History, the remaining five TNA buttons will be enabled for you to enter the rest of the client information into the TNA. To enter the Critical Life Areas, tab on this button and complete the required fields for this screen and save the information when done.

To add the DSM diagnosis information into the TNA, tab on the DSM Diagnosis button and then tab on Add. This will allow you to enter one diagnosis with the supporting DSM criteria. There is also a text box for adding any additional Signs/Symptoms that may further support the diagnosis. This text box is required to be completed to identify the three drugs when using a DSM diagnosis of Polysubstance Dependence. To add additional DSM diagnosis' repeat the same steps as previously mentioned.

To edit a DSM diagnosis, tab on the DSM diagnosis that you wish to change and then tab on edit. If you would like to delete a DSM diagnosis, tab on the DSM diagnosis and then tab on the Delete tab which will remove the diagnosis.

To enter a gambling diagnosis, tab on the Gambling Diagnosis button and then in the drop down box tab on Pathological Gambling 312.31. You must check at least 5 DSM criteria in order to correctly use this diagnosis.

The Diagnostic Summary button is to be used to enter any results of screening tests that may have been completed with the client. Once this information has been entered, you can proceed with the ASAM Recommendation button.

Once you have the information to make an ASAM level placement, you can enter this in the ASAM Recommendation screen. This screen will allow you to identify the appropriate ASAM criteria, document the specific problem and justification for the specific program being recommended for each ASAM Dimension.

The Recommendation area allows you to check other areas for future direction with the client as well as several text boxes to write in some special considerations that are not listed on the screen.

When entering the Recommended ASAM Level of Care/Specific Program, be sure to apply adult criteria to adult placement programs and adolescent criteria to specific adolescent treatment programs. The programs are distinguished between adult and adolescent in the Recommended ASAM Level of Care/Specific Program. dropdown to assist in making the right choice. However some programs do not distinguish between adult and adolescent criteria, therefore they can apply for both populations.

The remaining fields; Recommended Placement Provider/Satellite Location are being utilized for tracking purposes in regards to generating reports, so it is being encouraged to complete the information as it applies to the client. For the Recommended Out of State Provider, type in the information and identify the State in the drop down field.

If the TNA is being sent to the Division, and the counselor completing the document is a Trainee, then the Supervising Counselor will need to also sign off on the document in the respective field who needs to be certified at Level II or III. Once the document is sent to the Division, you will no longer be able to edit the TNA document. However, if for some reason a change needs to be made after it was sent, you may contact Division personnel who can allow the system to allow for additional edit changes at the provider level or Division staff could make the changes for you. However, if the provider makes the modifications, you will need to save the document and re-send the TNA to the Division. The two Notify Division tabs are designated for distinguishing between adolescent and adult program placement.

To edit a previously saved TNA that was not sent to the Division, locate the client through the Client Search screen and then tab on the TNA button. Identify the specific record you wish to edit and tab on the Edit/View button.. This will allow you to view the entire document and make any changes as deemed necessary.

To update and edit a previously completed TNA, locate the client through the Client Search screen and then tab on the TNA button. Identify the specific record you wish to update and tab on the Update button. When you tab on the Update button, it will copy the original TNA with exception to the date, ROI, Revoked ROI, Revoked Date, Counselor, and Supervisor Counselor. This record will be labeled as an updated record with the date of the record update also being listed.

The STARS system will allow you to transfer a TNA to another provider and this can be done through the following procedures. First you must obtain a proper release of information from the client approving the information being released and to what facility the TNA is being sent. Then locate the client's TNA through the Client Search screen and then tab on the TNA button. Identify the specific record you wish to transfer and then tab on the Transfer TNA Info button. Verify the release has been obtained and identify the provider to where the TNA is being transferred to and tab on the transfer button. The system will verify when the record has been transferred.

CONTINUED STAY REVIEW INFORMATION

In order to complete a Continued Stay Review and forward it to the Division, the following procedures are required. The first step is to locate the client through the Client Search screen and then tab on the ADA Continue Stay Review button. Next you will need to tab on the Add button which will bring up the screen with the continued stay document. After all of the required information has been entered into the fields, save the record. There are various edit checks that will prevent you from saving the record or submitting the document to the Division, so you will need to ensure all fields are completed as required.

After the document has passed all of the edit checks, tab on the Notify Division Adolescent or Adult button. This will bring up a prompt to email the document and once you tab on this button the Continued Stay Review document will be transferred to the Division. Editing of the record is allowed prior to submitting the record to the Division, however after submission, editing is no longer permitted. To return to the Continue Stay Review Record screen, tab on the Cancel button on the bottom the Continued Stay document. To return to the Client Search screen to search for another client to produce another Continued Stay record, tab on the Cancel button on the bottom of the Continue Stay Review Record screen.

DELETION OF SYSTEM RECORDS

In order to delete system records, Administration Security needs to be assigned to the individual. Depending on the different screens that have been completed on a particular client, the discharge process may vary in how the record is to be deleted. In addition, STARS will not allow for a deletion of a record if there are services after the Admission date and before the Discharge date. These services include any Non-Contract, Contract, or Title XIX billing information. Also, STARS will only allow deletions to occur with the most recent record and working back to the beginning. For example if a client has an admission record, transfer record and a discharge record and the entire record is to be deleted, begin by deleting the discharge record first, the transfer record next and then the admission record. If a client has multiple admission and discharge records such as one beginning on 10-10-2004 and ending on 11-11-2004 and another admission record beginning on 12-01-2004 and ending on 12-31-2004, the most recent admission/discharge record would need to be deleted before the 10-10-2004 record could be deleted.

If you have to delete a good record that proceeds a bad record, it may require re-entering the good record back into the system after the deletion occurs. The following information should assist in making deletions based on the different screens that have been completed on a particular client.

TO DELETE AN ADA CLIENT RECORD THAT HAS AN ADMISSION, TRANSFER AND DISCHARGE RECORD:

1. On Client Search Screen, enter the client ID# to locate the client record
2. Single click on the record and then click on the “Most Recent” tab located on the bottom menu bar.
3. This will open up the “Client Information Screen”. Click on the “ADA Discharge Info” tab located on the top menu bar.
4. This will open up the “Client’s ADA Service Level Record (s) screen where the discharge record will be located on top. Single click on the discharge record and then click on the “Delete” tab on the bottom menu bar.
5. A system prompt will appear asking “Are you sure you want to delete the Discharge Information?” Click on “Yes” to delete the discharge record.
6. Next on the top menu bar, click on the “ADA Transfer Service Level” tab to open up the “Client’s ADA Service Level Record (s) screen.
7. Single click on the top transfer record and then on the “Delete” tab on the bottom menu bar.
8. A system prompt will appear asking “Are you sure you want to delete the Level of service Click on “Yes” to delete the transfer record.
9. To delete the remaining “Admission record” click on the “Cancel” tab on the “Client’s ADA Service Level Record (s) screen. The system will return to the “Client Search” Screen.
10. Re-enter the client’s ID# to search and locate the client.
11. When the client record appears, single click on the record and then click on the “ADA Adm” tab located on the bottom menu bar.
12. This will open the ADA Admission/Re-Admission Screen with the most recent admission record appearing on top.

13. Single click on this record and then on the “Delete” tab located on the bottom menu bar. A system prompt will appear asking “Are you sure you want to delete the record?” Click on “Yes” to delete the admission record.
14. This will complete the procedures for deleting the Admission, Transfer and Discharge record for that particular treatment episode.

PROCEDURES FOR DELETING A RECORD WHEN ONLY THE CLIENT INFORMATION RECORD HAS BEEN COMPLETED

1. From the “Client Search Screen”, enter the client’s ID# to locate the client
2. When the client record appears, single click on the record
3. Click on the “Delete” tab on the bottom menu bar.
4. A system prompt will appear asking “Are you sure you want to delete” Client’s Name” Click on “Yes” to delete the Client Information record.

PROCEDURES FOR DELETING A RECORD WHEN ONLY THE CLIENT INFORMATION , INCOME ELIGIBILITY AND AN ADMISSION RECORDS HAVE BEEN COMPLETED

1. From the “Client Search Screen”, enter the client’s ID# to locate the client
2. When the client record appears, single click on the record
3. Click on the ADA Admission tab which will open up the ADA Admission record
4. Single click on the Admission record that is to be deleted and then click on the “Delete” tab on the bottom menu bar.
5. A Prompt will ask “Are you sure you want to delete the record” click “Yes” to delete
6. The “Cancel” tab will return to the “Client Search Screen”
7. Double click on the client record which will open up the “Client Information Screen”
8. Click on the “Income Eligibility” tab on the top menu bar which will open the Income record for this client. Single click on the record and then the “Delete” tab.
9. A Prompt will ask “Are you sure you want to delete the record” click “Yes” to delete
10. The “Cancel” tab will return to the “Client Search Screen”
11. When the client record appears, single click on the record and the “Delete” tab on the bottom menu bar.
12. A system prompt will appear asking “Are you sure you want to delete” Client’s Name” click on “Yes” to delete the Client Information record.